

# Specific Information

## Ship Operators

[www.ttclub.com](http://www.ttclub.com)

*This questionnaire may be completed by your broker. If you have insufficient space to answer any questions, please attach a separate sheet.*

*Failure to give complete answers may cause delay.*

**Name of Operator** \_\_\_\_\_

Containers	20 foot units			40/48 foot units			Total
Type	Qty	Average Value	Aggregate Value	Qty	Average Value	Aggregate Value	Aggregate Value
Dry							
Open top							
Refrigerated							
Tank							
Insulated							
Ventilated							
Other ( <i>please specify</i> )							
<b>Total</b>							

Chassis	Qty	Average Value	Aggregate Value	Qty	Average Value	Aggregate Value	Aggregate Value
USA/Canada							
Rest of World							
<b>Total</b>							

Handling equipment	Aggregate Value
<i>If you have any handling equipment (eg mafis, tugmasters, forklifts), please attach a separate schedule</i>	

**Grand Total**

Are your declared values based on:

New replacement value     
  Market value     
  Depreciated (book) value

**New Operation Stock Build-up** (*Complete only if significant change over next 12 months expected*)

Start Date:

Enter total equipment values at each point:

Commencement	After 6 months	After 9 months	After 12 months
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

transport insurance plus



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**Additional Information**

*Please set out below any other information relevant to the insurance of your business. Please use a separate sheet if necessary.*

It would assist us if you would forward with this questionnaire your company's latest annual report and accounts, plus any company brochures or literature describing your services.

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**Declaration**

I hereby confirm that the information given above and in all attached sheets is true and correct.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Date** \_\_\_\_\_