



TT Club Mutual Insurance Ltd
90 Fenchurch Street London EC3M 4ST
United Kingdom
www.ttclub.com

Proposal Form

Port Authorities

This questionnaire may be completed by your broker.

Fields are marked with an asterisk(*) are mandatory. Fields marked with a paperclip (📎) require you to attach further details to your proposal. Failure to give complete answers may cause delay.

General Information

Registered Company name*

Registered Address*

Telephone

Email Address*

Year of Foundation

Proposal Currency*

Renewal Date*



Proposal Form

Liability Section*

Facilities*

Please enter the location of your facilities, cargo types and projected annual throughput for the current and next year

Facility name*	Address & Country*	Type of facility. & throughput measure*	Is this facility operated by you?	Throughput*	
				Current Year	Next Year

Revenue*

Please enter the total annual revenue generated by your insured services each policy year and the estimated annual revenue for the next policy year

Next year (estimated)*
Current year*
Last year*



Proposal Form

Insured Services*

Services & modes*

Please enter the proportion of your gross freight/charges which are generated by each service/mode


Insured Service*	Proportion of total estimated revenue *	Subcontracted?	Remarks

Labour*

Are your cargo handling workers:	employed directly by you hired from a port labour pool employed by an independent company N/A
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Contracts with Customers and Users*

(e.g. tenants, shipping lines)

What conditions do you trade under with your customers?* (please attach copies )

None	Own STC's	Individual user agreements	Port tariff/act/by-laws
Leases	Licences	Other (specify)	



Proposal Form

Dredging*

Do you undertake maintenance dredging of your berths/channels?	Yes	No
Do you undertake capital, reclamation or remediation dredging? If 'Yes', please attach full details	Yes	No
Do you undertake dredging for other ports? If 'Yes', please attach details of your trading conditions, revenue, dredge plans, experience.	Yes	No
Do you subcontract dredging? If 'Yes', please attached details in your response to the 'Subcontractors' section below including details of subcontractor's experience and contractual terms used.	Yes	No

Subcontractors*

What proportion of your insured services are subcontracted?		
Do you have a vetting process for selecting subcontractors?	Yes	No
Do you exclusively subcontract on back-to-back terms?	Yes	No
Remarks:		
Do you obtain evidence of your subcontractors' valid liability insurance?	Yes	No
If 'Yes', what limit of liability do you require your subcontractors evidence?		
Remarks:		

Hong Kong

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Subsidiaries *

Please enter your subsidiary companies requiring insurance

Registered Company Name*	Registered Address*	Country*

Property & Equipment Section

If you require physical loss & damage cover for your property or equipment, please follow the instructions below:

Handling Equipment

Please attach a declaration of the handling equipment you would like to insure and include the following details:

Location

Description of equipment: (incl. manufacturer and identification number)

Age of equipment

Owner or leased?

Quantity: of each type

Insured value: the value you wish to ensure each unit for

Basis of valuation: New replacement value; market value; or depreciated (book) value



Proposal Form

Property

Please attach an itemised declaration of the property you would like to insure and include the following details:

Location: full address

Type of asset: building; contents; or wharves/quays/jetties

Description of asset: e.g. Warehouse 1A

Details of construction: where applicable

Insured value: the value you wish to ensure each unit for

Basis of valuation: New replacement value; market value; or depreciated (book) value

Business Interruption

Do you require cover for:

Increased cost of working;

Loss of profits

Arising from:

Physical loss/damage to property;


Physical loss/damage to handling equipment;

Blockage of berth

If blockage cover is required,
do you require cover for blockage of:

Blockage of berth

Blockage of land entrances

Do you have alternative equipment or means of access
available to mitigate a claim? 

Yes

No

Please attach a copy of your latest emergency response plan. 

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Risk Management*

Please attach details of your:

a. Fire detection and firefighting equipment in buildings & handling equipment, including:

- Fire alarms
- Extinguishers
- Sprinklers
- Hose reels
- Other (specify)

b. Security protections, including:

- Alarm system
- CCTV continuous monitoring
- CCTV video recording
- Security staff 24 hours
- Security staff business hours
- Other (specify)

c. Asset maintenance policies & programmes

d. Third party surveys of facilities/equipment

e. Any other details relevant to your risk management/loss prevention



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Insurance History*

Claims*

Are you currently insured for the type of risks insured by the TT Club?* Yes No

If 'Yes', please complete the table below for the last five complete years and the current year. Please attach details of any single claim (paid or pending) which represents more than 50% of the premium paid in the year the claim occurred.

If 'No', please attach details of all uninsured losses which would be recoverable under a policy with the TT Club.

Policy Year	Premium	Deductible	Claims Paid		Claims Pending	
			Count	Sum	Count	Sum
Current year						
-1 year						
-2 years						
-3 years						
-4 years						
-5 years						

I confirm that this information is correct and confirmed by incumbent insurers on the effective date:

Policy Refusal/Cancellation*

Have you ever had any insurance policy cancelled or refused? Yes No

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Insurance Requirements*

Policy structure*

Cover	Required?	Limit	Deductible
Customer Liabilities	Yes		
Errors & Omissions	Yes		
Third Party Liabilities	Yes		
Fines & Duties	Yes		
Property	Yes		
Handling Equipment	Yes		
Business Interruption	Yes		

Remarks

Additional Information

Please set out below any other information relevant to the insurance of your business

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.

Declaration*

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

Signature

Name

Position

Date

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