

TT Club Mutual Insurance Ltd

90 Fenchurch Street London EC3M 4ST United Kingdom www.ttclub.com

Proposal Form

Transport Operators

This questionnaire may be completed by your broker.

Fields are marked with an asterisk(*) are mandatory. Fields marked with a paperclip (\$\mathcal{O}\$) 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*





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Volumes*

Please enter the annual volumes for your insured services each policy year and the estimated annual volumes for the next policy year

Basis*		Volume*		
Gross freight/charges (excluding de	uty, including disbursements)			
Next year (estimated)*				
Current year*				
Last year*				
Number of TEUs (for traffic carried	as NVOC issuing bills of lading)			
Next year (estimated)*				
Current year*				
Last year*				
Insured Services*				
Services & modes* Please enter the proportion of you service/mode	r gross freight/charges which a	re generated by each		
Insured Service*	Mode*	Proportion of total freight/ charges*	Remarks	



Cargoes* Please enter the proportion of your traffic for each cargo	tyne	
Cargo*	Proportion*	Remarks
Other Risk Information*		
If your insured services include freight forwarding/NVOC traffic which is:	, please enter the proportion of yo	our
Port-to-Port		
Door-to-Door		



Operating Area	nsured Entities* as* e proportion of your traffic shipped to or within eac	h area:
Operational Fa Please enter the	acilities* e locations of any operational facilities e.g. wareho	ouses, depots
Facility*	Address*	Remarks
	Address*	Remarks
	Address*	Remarks



Subsidiaries and location of risk*

Please enter any subsidiary companies requiring insurance, and the proportion of your gross freight/charges which are billed by each subsidiary company (This information may be used to determine local licensing and tax requirements)

Registered Company Name*	Registered Address*	Country*	Proportion of freight/charges*



Contracts	& Co	onditio	ns*
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What conditions do you trade under?*

Carrier Bill of Lading House Bill of Lading CMR Consignment Note Association Conditions		Own STC's	FIATA Bill of Lading
		National Haulage Association Conditions	CIM Consignment Note
House Airwaybill	Master Airwaybill	National Storage Association Conditions	TT Club Model Conditions
Bespoke Contracts	Uplifted association conditions	Other (specify)	
Please specify which national	al association conditions, if used*:		
Subcontractors*			
What proportion of your road	d transits are subcontracted? Ø		
Do you have a vetting proce	ss for selecting subcontractors?	Yes	No
Do you exclusively subcontr	act on back-to-back terms?	Yes	No
Remarks:			
Do you obtain evidence of yo	our subcontractors' valid liability insur	rance? Yes	No
If 'Yes', what limit of liability of your subcontractors evidence	•		

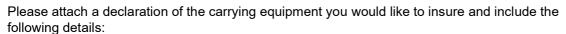
Remarks:



Equipment Section

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

Carrying Equipment @



Category: Container; chassis/trailer; rail wagon; powerpack; or swap body

Type: Dry; refrigerated; tank; atmospheric; or powerpack

Size: in feet

Quantity: of each category/type/size

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

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

Handling Equipment @

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

Description of equipment: e.g. fork lift truck

Quantity: of each type

following details:

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

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



Insurance His	story*					
Claims*						
Are you currently	insured for the type of	risks insured by the TT Club	?* [☐ Yes	□ No)
		for the last five complete year (paid or pending) which repr				
the premium paid	I in the year the claim o	ccurred. 🖉				
If 'No', please att with the TT Club.	^	red losses which would be re	ecoverable (under a pol	icy	
		Doductible	Claims Paid		Claims Pending	
Policy Year Premium	Premium	Deductible	Count	Sum	Count	Sum
Current year						
-1 year						
-2 years						
-3 years						
-4 years						
-5 years						
I confirm that this in insurers on the effe	nformation is correct and dective date:	confirmed by incumbent				
Policy Refusa	al/Cancellation*					
Have you ever ha	ad any insurance policy	cancelled or refused?		Yes	N	0



Insurance Requirements*

Policy structure*

Cover	Required?	Limit	Deductible	
Cargo Liabilities	Yes			
Errors & Omissions	Yes			
Third Party Liabilities	Yes			
Fines & Duties	Yes			
Carrying Equipment	Yes			
Handling Equipment	Yes			

Remarks

Cargo insurance

Do you have Forwarders Cargo Cover?	Yes	No	
If 'Yes', what is the name of your insurer?			
Does the insurer waive rights of recourse against you?	Yes	No	

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*
hereby confirm that the information given above and in all attached sheets is true and correct.
Signature
Name
Position
Date