



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

Proposal Form

Container Lessors

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

Equipment Section*

Carrying Equipment*

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

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

Basis of cover: loss & damage, or total loss only

What is the estimated utilization rate of your equipment for the next year?

What is the maximum value of equipment stored at any one location ? e.g. depot. factory

Hong Kong

T +852 2832 9301

E hongkong@ttclub.com

London

T +44 20 7204 2626

E london@ttclub.com

New Jersey

T +1 201 557 7300

E newjersey@ttclub.com

Rotterdam

T +31 (0)10 750 3400

E rotterdam@ttclub.com

Sydney

T +61 (0) 8262 5800

E sydney@ttclub.com



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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
Off Lease Equipment Loss/Damage	Yes		
Liabilities	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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