



MTO & FREIGHT FORWARDERS' LIABILITY INSURANCE

Contents

- A. DETAILS OF APPLICANT
- B. DETAILS OF BUSINESS
- C. FINANCIAL DETAILS
- D. DETAILS OF INSURANCE COVER
- E. CLAIMS DETAILS
- F. DETAILS OF INSURANCE COVER
- G. DECLARATION AND SIGNATURE

		provided by you.	proposed to be insured	since being provided	annual TO	policy period. (Pl. specify currency also)	
1	MTO						
2	Ocean Freight Forwarder						
3	Air Freight forwarder/ Air Cargo Agent						
4	Customs Agent						
5	Road Hauling						
6	In-transit warehousing						
7	Packing/ consolidating						
8	Others (Pl. specify)	Agency					
	TOTAL						

C. FINANCIAL DETAILS

1. Please provide Turnover figures in respect of **service proposed** to be insured

* *Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.*

What was your annual turnover for the last financial year

What is your estimated annual turnover for this financial year

Please forecast your annual turnover for the next financial year

2. Below are questions for companies providing any MTO / freight forwarding service (ocean or air), haulage, warehousing or packing service.

(a) Please estimate what percentage of your annual turnover is paid to independent Road Hauliers, Warehousekeepers, Consolidators, Packers:

(b) What percentage of your annual turnover results from carriage of cargo which is :

Breakbulk%	Approximate tonnage
Containerised	%	Approximate number of TEU's
Palletised%	Approximate tonnage

3. Please estimate the percentage of your annual traffic to or within each of the following areas:

Europe%	North America %
Middle East%	Central & Sth America %
Far East%	Africa other than South Africa %
Russia & CIS countries%	Rest of the world %

4. What percentage of your annual turnover is represented by:

Refrigerated cargoes	Nil	Tobacco Products	Nil
Tank containers	Nil	Project cargoes	Nil

Spirits% Dangerous cargoes %
 General Cargo% (garments, textiles, footwear etc.)
 High value goods.....% (eg computers, jewellery, cameras, TVs,
 audio equipment, mobile phones)

5. Do you have a Customs bond? YES NO
6. What percentage of your turnover relates to cargo carried under your own house bill of lading and / or house airway bill? %
7. If you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies):

Number of employees (including directors) involved in any of the above services:

Property you own or lease or operate:

Location	Services provided	Age	Describe security
.....
.....
.....
.....

Vehicles: Description	Cargo carried	Delivery radius
.....
.....
.....

8. Please describe the Cargo handling equipment used:

9. Do you hire to others? YES NO

10. Please tick the conditions of business and documents you currently use:

10.1 Documents in your own name:

- (a) MTD
- (b) FIATA AWB
- (c) House airway bill - please attach a copy
- (d) Forwarder's certificate of receipt
- (e) Other (please specify)

D. DETAILS OF INSURANCE COVER

1. Please tick the insurance cover you require:

- (a) Liability cover if you do not issue your own bill of lading

- (b) Liability cover including issuing your own bill of lading*
 - (c) Third party liability
 - (d) Liability for fines and penalties
- *referred to by some other insurers as bill of lading liability*

2. Forwarders' errors and omissions:

- (a) Basic cover for liability for incorrect or wrongful delivery of Cargo or delay in the handling of your Customer's Cargo only; or
- (b) Basic Liability for customers' financial loss

E. CLAIMS DETAILS

- 1. In the last five years have any:
 - 1.1 Cargo or statutory liability claims been made against you?
 - 1.2. General third party liability claims been made against you?
 - 1.3. Professional indemnity (errors and omissions) claims been made against you?
 - 1.4 Circumstance arisen that could have resulted in any of the above liability claims being made against you?
 - 1.5 If YES to any of the above, please provide details

.....

F. DETAILS OF INSURANCE COVER

- 1. Are you currently insured for liability risks?
- 1.1 If so, by whom and what is your current limit, deductible and premium?

TME: Limit -
 Deductible-
 Premium -

.....

- 2. Do you require a specific limit of liability and/or deductible to be quoted?

G. DECLARATION AND SIGNATURE

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

NamePosition

SignedDate