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# Marine Multi-Modal Transport Operators Liability Proposal Form

Agent / Broker \_\_\_\_\_

## Applicant Profile

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Email and Website \_\_\_\_\_

Date Company established \_\_\_\_\_

Description of Business \_\_\_\_\_

Names & Qualifications/Years experience  
 of Directors and Senior Managers \_\_\_\_\_

Professional and Trade Associations of which company is a member  
 (e.g. Singapore Logistics Association, IATA, etc.) \_\_\_\_\_

Subsidiary Companies to be named in the insurance \_\_\_\_\_

*NB: If subsidiary companies to be named, the information provided in this proposal form must include their activities.*

## Details of Business

### 1. Employees

(a) No. of directors, senior managers \_\_\_\_\_

(b) No. of clerical employees \_\_\_\_\_

(c) No. of manual employees \_\_\_\_\_  
 (Driver, Warehousemen etc.)

**Total** \_\_\_\_\_

### 2. Services to be insured

Please tick the services you provide to your customers:

	No. of Years	Approx. % of Annual Turnover
(a) Ocean freight forwarder / NVOG	_____	_____ %
(b) Air freight forwarder / air cargo agent	_____	_____ %
(c) Road haulier	_____	_____ %
(d) Customs agent	_____	_____ %
(e) In-transit warehousing (please complete Qn 3)	_____	_____ %
(f) Packing / consolidating	_____	_____ %
(g) Others (please specify) _____	_____	_____ %

Do you physically handle the cargo in the course of providing the services  
 for which you require this insurance? Yes  No

### 3. Warehouse Facilities

Location	Age	Security (e.g. CCTV, sprinkler, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Details of Business Continued**

	Yes	No
4. Please tick the conditions of business and documents you currently use:		
4.1 Conditions of Business:		
(a) Own standard conditions (please attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>
(b) National Forwarding Association conditions	<input type="checkbox"/>	<input type="checkbox"/>
(c) National Haulage Association conditions	<input type="checkbox"/>	<input type="checkbox"/>
(d) Others (please specify) _____		
Are your standard trading conditions provided to your customers prior to shipment / transaction?	<input type="checkbox"/>	<input type="checkbox"/>
Are your standard trading conditions indicated in your correspondence to your customers?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Bills of lading issued in your own name:		
(a) FIATA B/L	<input type="checkbox"/>	<input type="checkbox"/>
(b) Own House B/L (please attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Others (please specify) _____		
4.3 Other documents in your own name:		
(a) House air waybill (please attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Forwarder's certificate of receipt	<input type="checkbox"/>	<input type="checkbox"/>
(c) Others (please specify) _____		

**Financial Details**

1. Gross Freight Receipts		
(a) Annual Turnover for last financial year _____		
(b) Estimated Annual Turnover for this financial year _____		
<i>* Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.</i>		
2. Please estimate what percentage of your annual turnover is paid to independent road hauliers, warehousekeepers, consolidators, packers: _____ %		
3. What percentage of your annual turnover results from carriage of cargo which is:		
(a) Breakbulk _____ %      Approximate tonnage _____		
(b) Containerised _____ %      Approximate no. of TEU's _____		
(c) Palletised _____ %      Approximate tonnage _____		
4. Please estimate the percentage of your annual traffic to or within each of the following areas:		
(a) Europe _____ %      (e) North America _____ %		
(b) Middle East _____ %      (f) Africa _____ %		
(c) Australasia _____ %      (g) Far East _____ %		
(d) Central & S. America _____ %      (h) Indian Sub-continent _____ %		
5. Please estimate the percentage of your annual traffic to or within each of the following areas:		
(a) Refrigerated cargoes _____ %      (e) Tobacco products _____ %		
(b) Tank containers _____ %      (f) Project cargoes _____ %		
(c) Spirits _____ %      (g) Dangerous cargoes _____ %		
(d) High value goods _____ % <i>(e.g. computers, jewelry, cameras, TVs, audio equipment, mobile phones)</i>		
6. Do you have a customs bond?	<input type="checkbox"/>	<input type="checkbox"/>
7. What percentage of your turnover relates to cargo carried under your own house bill of lading/air waybill? _____ %		

**Details of Insurance Cover**

1. Please tick the insurance cover you require:

(a) Cargo and Related Liabilities

- Liability cover if you do not issue your own bill of lading / air waybill
- Liability cover including issuing your own bill of lading / air waybill
- Liability for incorrect or wrongful delivery of cargo or delay in handling of your customer's cargo

(b) Third Party Liability

(c) Liability for Fines and Duty

2. Do you require a specific limit of liability and/or deductible to be quoted? Yes  No   
 If yes, please specify:                      Limit of Liability \_\_\_\_\_                      Deductible \_\_\_\_\_

**Claims Details**

1. In the last five (5) years have any:

- (a) cargo or statutory liability claims been made against you? Yes  No
- (b) general third party liability claims been made against you? Yes  No
- (c) professional indemnity (errors and omissions) claims been made against you? Yes  No
- (d) circumstance arisen that could have resulted in any of the above claims being made against you? Yes  No

If yes to any of the above, please provide details:

Date of Accident	Details and Cause of Loss	Claim Paid (\$)	Outstanding Claim (\$)	Status

**Details of Current Insurance**

1. Are you currently insured for liability risks? Yes  No

If yes, please provide details:

Insurer \_\_\_\_\_

Limit of Liability \_\_\_\_\_

Premium \_\_\_\_\_

Deductible \_\_\_\_\_

Coverage \_\_\_\_\_

**Others**

Has any insurer declined or cancelled your cargo insurance? Yes  No

Any other information relating to the proposed risk? Yes  No

If yes, please specify: \_\_\_\_\_

**Declaration**

**IMPORTANT : Statement pursuant to Section 25(5) of the Insurance Act, Singapore (Cap 142). You are to disclose in this application form, fully and faithfully, all the material facts you know or ought to know. Otherwise, you may not receive any benefit from you policy.**

We declare that the information and answers given in this form are true and correct to the best of our knowledge, and we have not misstated or suppressed any material facts that may 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, it is agreed that this form shall be the basis of contract should the insurance be effected.

Company's Stamp and Signature \_\_\_\_\_

Name / Designation \_\_\_\_\_ Date \_\_\_\_\_