

## Freight Services Liability Questionnaire

Name of Insured

Address

City  State/Province  Zip/Postal Code

Country  Phone number  Fax number

E-mail address   ed

Number of employees  Number of Directors/partner

Are you a member of any trade association? YES  No

If yes please provide details

## Operation Information

Please provide any background or general information on the company

Please describe the main areas of your business and trading conditions:

	Percentage (%)	Conditions	Attached
Freight Forwarder as Agent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Freight Forwarder as Principal	<input type="text"/>	<input type="text"/>	<input type="text"/>
NVOCC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Road Carrier – Own	<input type="text"/>	<input type="text"/>	<input type="text"/>
Road Carrier- Sub-Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rail Carrier – Own	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rail Carrier- Sub-Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Carrier – Own	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Carrier – Sub-Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waterhouse Keeper – Own	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waterhouse Keeper-Sub-Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are not operating under BIFA, CM, COSGA/ Hague Visby, Warsaw Convention under the condition of FIATA, then you must provide a copy of the contract/ Trading Conditions for the underwriter's approval.

## Freight Services Liability Questionnaire

Please provide your turnover and volumes as follows:

	Gross Freight Receipts	TEU/Tons Shipped
Next 12 months	<input type="text"/>	<input type="text"/>
Current Year	<input type="text"/>	<input type="text"/>
Current Year minus one	<input type="text"/>	<input type="text"/>
Current year minus two	<input type="text"/>	<input type="text"/>

Please provide the percentage of your traffic to/ from or within the following areas :

	ROAD	RAIL	SEA	NOT SEA	AIR	TOTAL
USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mexico	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Central/South Africa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle East	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Italy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.I.S.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
India/Pakistan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
China	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Far East	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Africa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Australia	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please mark the relevant box if you issue any of the following transport documents:

Bill of Lading

Multimodal Transport Document

Sea Waybill

Please note, you must provide copies of the documents you issue for the

Air Waybill

Underwriter's approval prior to attachment of over

Consignment Note

Freight-Forward's Bill

# Freight Services Liability Questionnaire

Typically, what percentage of your traffic is for the following types/ categories of cargo?

TYPE / CATEGORY OF CARGO	PERCENTAGE %
Personal Effects	<input type="text"/>
Wine or Beer	<input type="text"/>
Spirits and other Alcoholic Beverages	<input type="text"/>
Cigarettes and other Tobacco-based products	<input type="text"/>
Fur and leather on garments/items made from fur or leather	<input type="text"/>
Clocks, watches and parts	<input type="text"/>
Computer microchips, HI-FI, CD players, etc.	<input type="text"/>
Personal Computers and games consoles	<input type="text"/>
Television	<input type="text"/>
CD players, DVD players, CDs, DVDs, Tapes, Videos	<input type="text"/>
Cellular or mobile telephones of description	<input type="text"/>
Temperature controlled cargo	<input type="text"/>
Plants and / or cut flowers	<input type="text"/>
Any other cargo of a high value (please specify)	<input type="text"/>

Please mark the relevant box if you own or operate any of the following:

- Trailers
- Trucks/Vans
- Rail Wagons
- Tractor Units      If you own or operate any these, ERGON NAVAL ENGINEERING PROJECT will sent
- Fork Lift Trucks      you a containers and Equipment Schedule for you to complete
- Cranes
- Warehouses
- Depots

How many staff are employed in the following categories?

- |                              |                      |                      |                      |                  |
|------------------------------|----------------------|----------------------|----------------------|------------------|
| Director / Senior Management | <input type="text"/> | Operational          | <input type="text"/> | Senior Technical |
| Drivers                      | <input type="text"/> | Clerical/Secretarial | <input type="text"/> | Warehouseman     |

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Others (please specify job nature and numbers employed):

### Insurance Information

Please provide the following insurance information for the last four (4) years, starting with the current year:

	Insured	Broker
Current year	<input type="text"/>	<input type="text"/>
Current year minus one	<input type="text"/>	<input type="text"/>
Current year minus two	<input type="text"/>	<input type="text"/>
Current year minus three	<input type="text"/>	<input type="text"/>

Please provide details of paid and outstanding claims for the four (4) years, starting with the current year:

	Paid	Outstanding	Total
Current year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current year minus one	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current year minus two	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current year minus three	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please confirm the deductibles that were applicable over the last four (4) years, starting with the current year:

	Deductible
Current year	<input type="text"/>
Current year minus one	<input type="text"/>
Current year minus two	<input type="text"/>
Current year minus three	<input type="text"/>

What deductible and limit do you require?

Deductible	Limit
<input type="text"/>	<input type="text"/>

Please provide of any claim which has exceeded, or is likely to exceed , USD 15,000 or GBP 10,000, or which accounts for more than 25% of the total claims in any one year.

## Freight Services Liability Questionnaire

### Other Information

Please provide any further information that may be material to be insures:

Company

Position

Date

#### Important Note:

The questions contained in this form are designed to give insurers information regarding your business. It may not address every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions.