

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

Proposal Form

Ship Operators

This questionnaire may be completed by your broker.

Fields are marked with an asterisk(*) are mandatory. Fields marked with a paperclip (\mathscr{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*		





Equipment Section

Operating Areas*

Please enter the proportion of your equipment shipped to or within each area (must total 100%):

Area	Proportion	n	Area		Prop	oortion
/essels*						
low many vessels do y	/ou operate?					
Owned:			Chartered:			
	of your					
argest vessel(s) in TEUs:						
Please enter the capacity argest vessel(s) in TEUs: Please enter details of t		te that are <u>non-</u>	purpose bui	l <u>t or over 15 yea</u>	<u>rs old</u>	
argest vessel(s) in TEUs: Please enter details of t		te that are <u>non-</u> Class Approval	<u>purpose bui</u> Year Built	l <u>t or over 15 yea</u> Capacity TEU	<u>rs old</u> P&I Club	IMO Number
rgest vessel(s) in TEUs: lease enter details of t	the vessels you opera	Class	Year	Capacity	P&I	
rgest vessel(s) in TEUs: lease enter details of t	the vessels you opera	Class	Year	Capacity	P&I	
rgest vessel(s) in TEUs: lease enter details of t	the vessels you opera	Class	Year	Capacity	P&I	
rgest vessel(s) in TEUs: lease enter details of t	the vessels you opera	Class	Year	Capacity	P&I	
rgest vessel(s) in TEUs: lease enter details of f	the vessels you opera	Class	Year	Capacity	P&I	
argest vessel(s) in TEUs: Please enter details of t	the vessels you opera	Class	Year	Capacity	P&I	
argest vessel(s) in TEUs:	the vessels you opera	Class	Year	Capacity	P&I	

Class Approval: please tick if container stowage and securing plan approved by Classification Society.



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

Handling Equipment

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

Description of equipment: e.g. tugmaster, fork lift truck

Quantity: of each type

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

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



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	in the current ve	ar	

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		Destruction	Claims P	Claims Paid		Claims Pending	
	Premium	Deductible	Count	Sum	Count	Sum	
Current year							
-1 year							
-2 years							
-3 years							
-4 years							
-5 years							
	nformation is correct and	confirmed by incumbent					

insurers on the effective date:

Policy Refusal/Cancellation*

Have you ever had any insurance policy cancelled or refused? \mathscr{O}	Yes	No
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Insurance Requirements*

Policy structure*

Cover	Required?	Limit	Deductible	
Equipment Loss/Damage	Yes			
Liabilities	Yes			
Handling Equipment	Yes			

Remarks:



Additional Information

Please set out below any other information relevant to the insurance of your business ${\mathscr O}$

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. ${\mathscr O}$

Declaration*

I hereby confirm that the information given above and in all attached sheets is true and correct.

Signature			
Name			
Position			
Date			