



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

Proposal Form

Transport Operators

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

Liability Section*

Volumes*

Please enter the annual volumes for your insured services each policy year and the estimated annual volumes for the next policy year

| Basis* | Volume* |
|--|---------|
| Gross freight/charges (excluding duty, including disbursements) | |
| Next year (estimated)* | |
| Current year* | |
| Last year* | |

| | |
|---|--|
| Number of TEUs (for traffic carried as NVOC issuing bills of lading) | |
| Next year (estimated)* | |
| Current year* | |
| Last year* | |

Insured Services*

Services & modes*

Please enter the proportion of your gross freight/charges which are generated by each service/mode

| Insured Service* | Mode* | Proportion of total freight/ charges* | Remarks |
|------------------|-------|---------------------------------------|---------|
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Proposal Form

Cargoes*

Please enter the proportion of your traffic for each cargo type

| Cargo* | Proportion* | Remarks |
|--------|-------------|---------|
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Other Risk Information*

If your insured services include freight forwarding/NVOC, please enter the proportion of your traffic which is:

Port-to-Port

Door-to-Door



Proposal Form

Locations/Insured Entities*

Operating Areas*

Please enter the proportion of your traffic shipped to or within each area:

| | | | |
|--|--|--|--|
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Operational Facilities*

Please enter the locations of any operational facilities e.g. warehouses, depots

| Facility* | Address* | Remarks |
|-----------|----------|---------|
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Proposal Form

Subsidiaries and location of risk*

Please enter any subsidiary companies requiring insurance, and the proportion of your gross freight/charges which are billed by each subsidiary company
(This information may be used to determine local licensing and tax requirements)

| Registered Company Name* | Registered Address* | Country* | Proportion of freight/charges* |
|--------------------------|---------------------|----------|--------------------------------|
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Proposal Form

Contracts & Conditions*

What conditions do you trade under?*

| | | | |
|--|---------------------------------|---|--------------------------|
| Carrier Bill of Lading | House Bill of Lading | Own STC's | FIATA Bill of Lading |
| National Forwarding Association Conditions | CMR Consignment Note | National Haulage Association Conditions | CIM Consignment Note |
| House Airwaybill | Master Airwaybill | National Storage Association Conditions | TT Club Model Conditions |
| Bespoke Contracts | Uplifted association conditions | Other (<i>specify</i>) | |

Please specify which national association conditions, if used*:

Subcontractors*

What proportion of your road transits are subcontracted?

| | | |
|---|-----|----|
| Do you have a vetting process for selecting subcontractors? | Yes | No |
| Do you exclusively subcontract on back-to-back terms? | Yes | No |

Remarks:

| | | |
|---|-----|----|
| Do you obtain evidence of your subcontractors' valid liability insurance? | Yes | No |
|---|-----|----|

If 'Yes', what limit of liability do you require your subcontractors evidence?

Remarks:

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



Proposal Form

Equipment Section

If you require physical loss & damage cover for your equipment, please follow the instructions below:

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

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. 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



Proposal Form

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

Hong Kong

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Proposal Form

Insurance Requirements*

Policy structure*

| Cover | Required? | Limit | Deductible |
|-------------------------|-----------|-------|------------|
| Cargo Liabilities | Yes | | |
| Errors & Omissions | Yes | | |
| Third Party Liabilities | Yes | | |
| Fines & Duties | Yes | | |
| Carrying Equipment | Yes | | |
| Handling Equipment | Yes | | |

Remarks

Cargo insurance

| | | |
|--|-----|----|
| Do you have Forwarders Cargo Cover? | Yes | No |
| If 'Yes', what is the name of your insurer? | | |
| Does the insurer waive rights of recourse against you? | Yes | No |

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.

Hong Kong

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London

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Proposal Form

Declaration*

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

Signature

Name

Position

Date