



الخليج للتأمين التكافلي  
AlKhaleej Takaful Insurance

## FREIGHT FORWARDERS LIABILITY PROPOSAL FORM

1. NAME & ADDRESS OF APPLICANT:

Tel:	Fax:
Email:	Website:

2. BACKGROUND INFORMATION: Please provide details of when company was established, offices, number of staff etc., etc.

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3. WHAT TRADE ASSOCIATIONS IS YOUR COMPANY A MEMBER OF:

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4. NAMES & QUALIFICATIONS/EXPERIENCE OF DIRECTORS & SENIOR MANAGERS:

	Name	Qualifications	Experience (Years)
1			
2			
3			
4			
5			
6			
7			

5. EMPLOYEES:

Number of Directors, Senior Managers	
Number of Clerical Employees	
Number of Non-Clerical Employees	
Others (Please specify)	

6. GROSS FREIGHT RECEIPTS (GFR): The information to be detailed shall include Gross Revenues plus payments to agents and subcontractors in respect of transport services but excluding customs duties, sales tax or similar fiscal charges paid on behalf of customers.

Income past 12 Months	Income Current 12 Months	Income Next 12 Months
What percentage of your annual income is derived from		
Breakbulk	%	Approx. Tonnage
Containerised	%	Approx. No. of TEUS
Palletized	%	Approx. Tonnage
Please estimate the percentage of annual traffic to or within each of the following areas.		
North America	%	Northern Europe %
South America	%	Southern Europe %
Central America	%	Russian Federation %
Asia excl. China	%	Australasia %
China / Hong Kong	%	Other, please specify %
What percentage of your annual income is represented by		
Perishables	%	Refrigerated Cargoes
Electronics	%	Project Cargoes
Tank Containers	%	Dangerous Goods
High Value Goods	%	Household Goods
Do you have any consignments of the following where value including duty exceeds USD50,000		
Spirits / Alcohol	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works of Art Yes <input type="checkbox"/> No <input type="checkbox"/>
Cigarettes / Tobacco	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bloodstock / Livestock Yes <input type="checkbox"/> No <input type="checkbox"/>
Jewellery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gold/Silver/Platinum Yes <input type="checkbox"/> No <input type="checkbox"/>

7. WAREHOUSING / OWNED VEHICLES: Please complete the following if you operate your own vehicles, warehouse(s) or packing/consolidation facilities.

A) Warehouse Location(s)	Services Provided	Security at Warehouse
B) Your Vehicles	Cargo Carried	Delivery Status (KM)

8. SERVICES TO BE INSURED.

		No. of Years	Approx. % of Turnover
Yes <input type="checkbox"/> No <input type="checkbox"/>	Ocean Freight Forwarder/NVOC		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Customs Broker		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Carrier		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Air Freight Forwarder/Air Cargo Agent		
Yes <input type="checkbox"/> No <input type="checkbox"/>	In-transit Warehousing		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Packaging/Consolidating		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Road Haulier		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (please specify below)		
What C/P forms are used?			
What C/P forms are used to sub-charter?			
Do you use contracts of affreightment or other similar contracts			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you issue the B/L in a form that identifies you as the carrier			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered Yes to the above then please advise whether you issue:			
Through Transport B/L			Yes <input type="checkbox"/> No <input type="checkbox"/>
Combined Transport B/L			Yes <input type="checkbox"/> No <input type="checkbox"/>

9. TRADING AREA: Please specify the countries you most frequently load / discharge cargo.


10. TRANSHIPMENT / LIGHTENING: Please provide details of Transhipment/Lightening Operations.

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11. CLAIMS HISTORY:

Year	Paid	O/S	Total
2004 – 2005			
2005 – 2006			
2006 – 2007			
2007 – 2008			
2008 - 2009			
2010			

Please provide details of current insurance carrier.

Please provide details of individual claims on a separate sheet.

Please provide copies of last annual report and accounts, company brochure or literature together with any other information that could assist.

Signed ..... Date .....

Company Position .....



**Disclosure of Material Facts**

Every Proposer or Insured / Reinsured when seeking new insurance / reinsurance or renewing an existing Policy must disclose any information which might influence the Insurer / Reinsurer in deciding whether or not to accept the risk, what the terms should be, or what premiums to charge. Failure to do so may render the insurance / reinsurance voidable from inception and enable the Insurer / Reinsurer to repudiate liability.