

Proposal form



Please mail or fax to ITIC, International House, 26 Creechurch Lane, London EC3A 5BA
 Tel +44 (0)20 7338 0150 Fax +44 (0)20 7338 0151
 Email itic@thomasmiller.com Web www.itic-insure.com

Company Name	
Address	
Email	VAT No
Telephone	Fax
Insurance broker to whom quotation should be sent	

1 General Information *(If additional space is required please list separately)*

a. Date established

b. Name and address of any subsidiary, affiliated, associated companies or branch offices you wish to cover

Name and Address	Main Activity
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

c. Number of Directors/Partners	Total number of staff <i>(engaged in providing services listed in 2e)</i>
---------------------------------	--

d. Names, positions, professional qualifications and number of years experience of Directors/Partners and Senior Managers

e. Name of person to whom correspondence should be addressed

f. Are you a member of any trade association? *(If "Yes" please detail)*

2 Gross Annual Income (fees and commission earned)

Please indicate currency e.g., US\$

a. Last financial year	b. Estimate for this financial year
c. Estimate for next financial year	cc. Of which estimated income from UK operations (if applicable)

e. Please indicate the percentage of your gross annual income earned from the following activities to be insured:

tramp agent	%	liner agent	%	bunker broker	%
ship manager*	%	forwarding agent	%	freight forwarder*	%
sale and purchase broker	%	chartering broker	%	marine surveyor*	%
representative of insurance interests*					%
<i>(e.g., P&I Clubs, Corporation of Lloyd's, Classification Societies)</i>					
other activities for which insurance is required (please specify)					%

**(Please also complete supplementary form)*

3 Principals

Please name the principals for whom you regularly act

Do you have any financial interest in any of your Principals companies?	YES	NO
Do your Principals have any financial interest in your company?	YES	NO

delete as appropriate

4 Contract Conditions

a. Do you operate under standard/national contract conditions?	YES	NO
b. Do you operate under your own contract conditions?	YES	NO
c. If "Yes" to either of the above, do you always advise your customers that contract conditions apply?	YES	NO

delete as appropriate

Please supply copies of all contract conditions under which you operate. If "Yes" to a) or b) please give details on separate sheet

5 Claims History

a. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years?	YES	NO
--	-----	----

delete as appropriate

If "Yes" please give details on a separate sheet

b. Has any insurer					
i. Declined to insure you	YES	NO	ii. Cancelled your insurance	YES	NO
iii. Refused to renew your insurance	YES	NO	iv. Imposed penalties or special terms	YES	NO

delete as appropriate

If "Yes" please give details on a separate sheet

c. Are you currently insured against the risks covered by ITIC? If "Yes", with whom?	YES	NO
---	-----	----

delete as appropriate

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1	Limit	Deductible	Please state currency
Alternative 2	Limit	Deductible	Please state currency

7 Quality Assurance

Have you obtained quality assurance accreditation in accordance with BS5750/ISO9002?

	YES	NO
--	-----	----

8 Additional insurances available from ITIC

a. Would you like details about loss of commission insurance?	YES	NO
b. Ship agents' cash in transit and money insurance?	YES	NO
c. Debt collection for the legal cost of pursuing unpaid disbursements & commission?	YES	NO
d. Directors' & officers' liability insurance?	YES	NO

9 Please supply any literature about your company which is relevant to this proposal.

DECLARATION

I/We undertake that if this proposal is accepted I/We will act and abide and agree to be bound by the Rules of ITIC and any modification or alteration thereof made in accordance therewith from time to time and also by the decision of the Club and its Directors.

I/We declare that to the best of my/our knowledge and belief, the information given above is true and that I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter's assessment or acceptance of this proposal).

Signed

Status of Signatory

Date

This proposal form must be completed and signed by a person who is authorised to bind the proposer.