**Please email:** itic@thomasmiller.com

|  |  |
| --- | --- |
| 1. Company Name
 |       |
| 1. Website
 |       |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed
 |       |

**SECTION 1 – Activity for which insurance is required***Please estimate your gross freight receipts (excluding customs duties or taxes paid on behalf of customers) against each of the services you provide. Please also indicate currency e.g. US $*

|  |  |
| --- | --- |
|  | *estimated gross freight receipts* |
| 1. Freight Forwarder
 |       |
| 1. NVOC (issuing Bs/L)
 |       |
| 1. Haulier
 |       |
| 1. Warehouse keeper
 |       |
| 1. Packer/consolidator
 |       |
| 1. What percentage of your annual gross freight receipts results from carriage of cargo which is:
 |
|  Breakbulk |       % | Approx. tonnage: |       |
|  Containerised |       % | Approx. TEU’s: |       |
|  Palletised |       % | Approx. tonnage: |       |
| 1. What percentage of your traffic is to or within each of the following:
 |
|  UK |       % | Europe |       % |
|  North America |       % | Middle East |       % |
|  Africa |       % | Australia |       % |
|  Central/South America |       % | Indian sub-Continent |       % |
|  Far East |       % |  |  |
| 1. What percentage of your annual gross freight receipts is represented by:
 |
|  Refrigerated cargoes |       % | Tobacco products |       % |
|  Tank containers |       % | Project cargoes |       % |
|  Spirits |       % | Dangerous cargoes |       % |
|  High value goods *(audio-visual equipment, jewellery, cameras etc.)* |       % |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you operate your own warehouse(s) or packing/consolidation facility(ies)?

*If “Yes” please detail location(s):* | Yes [ ]  | No [ ]  |
|       |
| Do you have a Customs bond? | Yes [ ]  | No [ ]  |
| Do you issue T1 forms? | Yes [ ]  | No [ ]  |

**SECTION 2 – Trading conditions and documentation***Please advise which conditions of business and documents you currently use*

|  |  |  |
| --- | --- | --- |
| 1. National ship agency association conditions
 | Yes [ ]  | No [ ]  |
| 1. National forwarding association conditions
 | Yes [ ]  | No [ ]  |
| 1. National haulage association conditions
 | Yes [ ]  | No [ ]  |
| 1. Own conditions\*
 | Yes [ ]  | No [ ]  |
| 1. FIATA b/l
 | Yes [ ]  | No [ ]  |
| 1. Own house b/l\*
 | Yes [ ]  | No [ ]  |
| 1. TT Club b/l
 | Yes [ ]  | No [ ]  |
| 1. CMR/CIM consignment note
 | Yes [ ]  | No [ ]  |
| 1. House airwaybill\*
 | Yes [ ]  | No [ ]  |
| 1. Forwarder’s certificate of receipt
 | Yes [ ]  | No [ ]  |
| 1. Other (please specify)\*
 | Yes [ ]  | No [ ]  |
|       |

*\*please attach a copy*

**SECTION 3 – Limits and deductibles**

|  |  |
| --- | --- |
| Please indicate currency e.g. US$ |       |
| Please indicate any preferred limits or deductibles |
|  | Limit | Deductible |
| Alternative 1 |       |       |
| Alternative 2 |       |       |

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the information given above is true and provides a fair presentation of the risk I/we are asking ITIC to insure. I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter’s assessment or which would alert an underwriter to the need to make further enquiries).

Any insurance offered will be subject to the Rules of ITIC which are available at www.ITIC-insure.com or on request. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

|  |  |
| --- | --- |
| **Signed:** | **Position in company:** |
|       |       |
| **Date:** |  |
|       |

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

**Please e-mail this completed form to:** itic@thomasmiller.com