

ANNUAL ONLINE CARGO FACILITY PROPOSAL FORM

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to info@asosins.com



APPLICANT DETAILS			
Company Name			
Company Head Office Address			
Nature of the business			
Date Company Established		Website	
Your name and position within the company		Your contact telephone number and email address	
CARGO DETAILS			
1. Please indicate what percentage of your annual shipments is represented by:			
Personal Effects	%	Vehicles	%
Refrigerated Cargo	%	Tank Containers	%
Project Cargo	%	Spirits	%
Dangerous Cargo	%	High Value Goods	%
General Cargo	%	Other (Please detail) *	%
2. What percentage of your annual shipments results from carriage of cargo, which is:			
Break-bulk		%	
Containerised		%	
Palletised		%	
3. Please estimate the percentage of your annual traffic to, from or within each of the following areas:			
Western Europe	%	USA/Canada	%
Eastern Europe	%	Central/South America	%
Russia	%	Indian Sub-Continent	%
Middle East	%	Southern Africa	%
Far East	%	Rest of Africa	%
Australasia	%	Other	%
Condition of the goods		New <input type="checkbox"/>	Used <input type="checkbox"/>
On what basis is valuation required (e.g. CIF + 10 %)			

Estimate the maximum value of cargo on any one vessel/aircraft/vehicle etc.	Currency:
Estimate the maximum value of cargo at risk at any one time and in any one location	Currency:
What is the mode of transit and the duration of coverage required (e.g. port to port, warehouse to warehouse)	Please detail exact locations.
Is storage required beyond the normal course of transit?	If yes, please provide details

ANNUAL VALUES

	IMPORTS	EXPORTS
Insured volume during the last 12 months		
Estimated volume to be insured for the next 12 months		

CLAIMS

Have any claims been made, or have there been any circumstances likely to give rise to a claim being made, in the last 5 years?	Yes <input type="checkbox"/> If yes, please provide details in a separate sheet	No <input type="checkbox"/>
Has any insurer ever declined to insure you?	Yes <input type="checkbox"/> If yes, please provide details in a separate sheet	No <input type="checkbox"/>
Has any insurer previously imposed any special terms, exclusions or warranties?	Yes <input type="checkbox"/> If yes, please provide details (why?)	No <input type="checkbox"/>

PREMIUM & LOSS EXPERIENCE FOR THE LAST 5 YEARS

	Year 1 (current year)	Year 2	Year 3	Year 4	Year 5
Premium					
Paid losses					
Outstanding Losses					

ADDITIONAL NOTES

Declaration and Signature

On behalf of all proposed insureds, I/we declare and agree that:

- a) all information provided in this proposal and attachments is true and complete in every respect and that no material facts remain undisclosed;
- b) it is understood that the insurer(s) require this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/ us to have access to and request the correction of any information retained;
- c) the insurer(s) is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- d) the insurer(s) is authorised to check details against the insurance claims register and to place information on the insurance claims register which other insurers can access;
- e) the insurer(s) is authorised to obtain from other parties any information which may be relevant to acceptance of this risk;
- f) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by the insurer(s). However, if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance.

Signature:

Company Stamp:

Date: