
TRANSPORT PROVIDERS
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 address

Website

Date Company Established

Details of any Companies you would like added as a Joint Insured on your policy*

Have you obtained quality assurance accreditation from any nationally recognised organisation? If "YES" please specify:

Please detail names of any trade associations to which you are affiliated or are members.

Names and addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance:

Please list your directors or partners, noting their professional qualifications or number of years' experience:

Number of Directors, Partners or Senior Managers:

Number of Clerical Staff:

Number of Manual Staff:	
Total Number of Employees:	

Gross Freight Receipts (GFR) Gross revenue including payments to agents and subcontractors in respect of transport services, but excluding customs duty, sales tax or similar fiscal charges paid on behalf of Customers.

Please state your GFR for the previous 12 months:	Currency:
	Amount:
Please state your GFR forecast for the next 12 months:	Currency:
	Amount:

Service	No. of Years' Experience	Approximate % of Annual GFR
Ocean Freight Forwarder		
Non Vessel Owning/Operating Common Carrier (NVOCC)		
Freight Forwarding Agent (cargo is not under your care, custody or control)		
Air Freight Forwarder/Air Cargo Agent		
Customs Agent		
Road Haulier (please complete appendix 2)		
In-transit warehousing (please completed appendix 1)		
Short, medium- and long-term warehousing (please complete appendix 1)		
Packing/Consolidating (please complete appendix 1)		
Other (please detail)		

What percentage of your annual GFR is paid to sub-contractors in the following services?							
Road Hauliers	%	Warehouseman	%	Consolidators/ Packers	%	NONE	
Do you contract on a back to back basis with sub-contractors? i.e. is the subcontractor required to comply with all relevant obligations of the main contract you operate under with your customer.						YES	NO

What percentage of your annual GFR results from carriage of cargo, which is:)		
Break-bulk	%	If so, detail approx. tonnage
Containerised	%	If so, detail approx. TEUs
Palletised	%	If so, detail approx. tonnage

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	%

*Please note that ASOS and Underwriters will not consider any Claim or provide any Cover where either party would be exposed to any Sanction, Prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Please indicate what percentage of your annual GFR is represented by:			
Personal Effects	%	Vehicles	%
Refrigerated Cargo	%	Tobacco Products	%
Tank Containers	%	Project Cargo	%
Spirits	%	Dangerous Cargo	%
High Value Goods *	%	General Cargo	%
Other (Please detail)			%

*Cash, Computers, jewellery, cameras, TVs, audio equipment, mobile phones etc.

Please indicate which documents and business condition you are currently using:					
FIATA B/L	YES	NO	House Airway Bill (please attach)	YES	NO
Own House B/L (please attach)	YES	NO	Master Airway Bill (please attach)	YES	NO
CMR/CIM Consignment Note	YES	NO	Warehousing Conditions	YES	NO
National Association Conditions	YES	NO	Own Conditions (please attach)	YES	NO
No Contract	YES	NO	Other (please attach)	YES	NO
Have any claims been made against you, or have there been any circumstances that may give rise to a claim being made against you, in the last 5 years? If "YES" please provide details on a separate sheet.				YES	NO
If you require a specific limit and/or deductible to be quoted, please provide the values below: LIMIT: _____ DEDUCTIBLE: _____					
Has any Insurer ever declined to insured you?				YES	NO
Has any Insurer ever cancelled your insurance?				YES	NO
Has any Insurer refused to renew your insurance?				YES	NO
Has any Insurer previously imposed any special terms, exclusions or warranties? If "YES" please attach further details.				YES	NO
Are you currently insured for liability risks?				YES	NO
If "YES" who by and what is your policy renewal date, current limit, deductible and premium?					

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:

APPENDIX 1: WAREHOUSING AND/OR PACKING AND CONSOLIDATING FACILITIES

Please complete if you provide warehousing and/or packing and consolidating services

Please detail the age, size, structure and location of the facility/warehouse(s), If additional space is needed please attach a separate sheet.		
Do you own or lease the warehouse/facility?	OWN	LEASE
Are the premises insured for physical loss & damage risks and are you a Named Insured on the Policy?	YES	No
Are the premises TAPA (or other similar body) certified?	YES	No
When was the facility last surveyed? Please attach a copy of the report, if possible.	YES	No

What cargo do your store/handle?			
What is your responsibility for the cargo stored/handled?			
Do you store cargo for more than 3 months at a time? If so, please provide details on separate sheet.	YES	No	N/A
Please provide an estimated average and maximum value of goods stored at any one time: Please include the currency	Max:		
	Avg:		
Do all warehouse/facilities have sprinklers and fire detection systems?	YES	No	
Is there easy access throughout the facility to the mains water supply?	YES	No	
Is there easy access to an emergency pump or suitable reserve power supply?	YES	No	
Do your security measures include 24-hour security guards?	YES	No	
Are all the buildings, perimeter fences and gates always alarmed?	YES	No	
Do your security precautions include CCTV?	YES	No	
Are security checks continually documented?	YES	No	
Please detail any other security precautions taken			
Do you have a property and equipment maintenance programme?	YES	No	
Do you have a staff training programme?	YES	No	
Are you compliant with the International Ship and Port Security Code (ISPS Code)?	YES	No	

APPENDIX 2: ROAD HAULAGE

Please complete if you provide road haulage services.

Do you subcontract this service? If "YES" please indicate the Percentage.....%		YES	No
Do you own or lease the vehicles?		OWN	LEASE
Please detail the number and details of vehicles owned/leased: If additional space is required please attach a separate sheet			
Please detail your security measures including whether they are TAPA (or other similar body) certified?			
Please detail the delivery radius and/or route:			
Please indicate what percentage of your annual GFR is represented by:			
Refrigerated Cargo	%	Tobacco Products	%
Tank Containers	%	Project Cargo	%
Spirits	%	Dangerous Cargo	%
High Value Goods *	%	General Cargo	%
Other (Please detail)			

*Cash, Computers, jewellery, cameras, TVs, audio equipment, mobile phones etc.