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| ITIC logoConfidential  **Proposal** **Form**Please mail or fax to International Transport Intermediaries Club Limited, 90 Fenchurch Street, London, EC3M 4STTel +44 (0)20 7338 0150 Fax +44 (0)20 7338 0151Email itic@thomasmiller.com Web www.itic-insure.com |

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
|  |
| Email |  | VAT No |  |
| Telephone |  | Fax |  |
| Name of person at your company to whom correspondence should be addressed |  |
| 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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

 Senior Managers

|  |
| --- |
|  |
|  |
|  |
|  |

e. 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$*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Last financial year
 |  | 1. Estimate for this financial year
 |  |
| 1. Estimate for next financial year
 |  | 1. Of which estimated income from UK operations (if applicable)
 |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| port agent | % | liner agent | % | bunker broker | % |
| ship manager\* | % | forwarding agent | % | freight forwarder\* | % |
| sale and purchase broker | % | chartering broker | % | marine surveyor\* | % |
| representative of insurance interests\* | % |
| *(e.g., P&I Clubs, Corporation of Lloyds, Classification Societies)* |  |
| 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

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under national or “standard contract conditions”?
 | YES | NO |
| 1. Do you operate under any form of “master service agreement”?
 | YES | NO |
| 1. If “Yes” to either of the above, do you always advise your customers that
 |  |  |
| your standard 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Declined to insure you
 | YES | NO | 1. Cancelled your insurance
 | YES | NO |
| 1. Refused to renew your
 |  |  | 1. Imposed penalties or
 |  |  |
| insurance | YES | NO | 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? | YES | NO |
|  If “Yes”, with whom? |

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.