

**International  
Transport & Maritime Underwriters**

**FREIGHT SERVICES  
QUESTIONNAIRE**

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## FREIGHT SERVICES QUESTIONNAIRE

**IMPORTANT NOTE:** The questions contained in this form are designed to give Insurers information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions. This form can be completed with or by your Insurance Broker who will be able to assist you in a professional capacity.

### 1) GENERAL INFORMATION

(a) (i)

<b>NAME OF INSURED</b>	
<b>Contact:</b>	

(ii)

<b>Address:</b>

(iii)

<b>Telephone:</b>	
<b>Fax:</b>	
<b>E mail</b>	

(b) (i)

<b>NAME OF BROKER:</b>	
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(ii)

<b>Address:</b>

(iii)

<b>Telephone:</b>	
<b>Fax:</b>	
<b>E mail</b>	

(iv)

<b>Other Offices:</b>	

c)

<b>Year Formed:</b>	
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d)

<b>Total Number of Employees:</b>	
<b>Total Number of Directors/Partners:</b>	

e) **Operations for which you require insurance:-**  
*(Please tick as appropriate)*

<b>Freight Services</b>	
<b>Container Operator *</b>	
<b>Ship Agent *</b>	
<b>Vessel/Slot Charterer/Operator *</b>	
<b>Terminal Operator *</b>	
<b>Port Authorities *</b>	

**\* If you require insurance for these operations you should complete the OPERATIONAL INFORMATION, INSURANCE HISTORY AND OTHER INFORMATION ( Excluding the General Information ) sections of the applicable Questionnaire.**



## 2) OPERATIONAL INFORMATION

(a) Please describe the main areas of your business and trading conditions:-

	%	Conditions	Attached
Freight Forwarder As Agent			Yes/No
Freight Forwarder As Principal			Yes/No
NVOCC			Yes/No
Road Carrier: Own Sub-Contract			Yes/No
Rail Carrier: Own Sub-Contract			Yes/No
Air Carrier: Own Sub-Contract			Yes/No
Warehousekeeper: Own Sub-Contract			Yes/No
Other (Please Specify)			Yes/No

If you are not operating under BIFA, CMR, COGSA/Hague Visby, Warsaw Convention or under the conditions of FIATA then you must provide a copy of the Contract/Trading Conditions for Underwriter's approval.

(b) Please advise the percentages of your Traffic to/from or within the following areas:-

	Road	Rail	Cont. (Sea)	Non-Cont. (Sea)	Air
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Italy					
Caribbean					
India/Pakistan					
China					
Far East					
Africa					
Australasia					

(d) Please advise if you issue any of the following transport documents:

Type of Document	YES/NO
Bill of Lading	
Multimodal Transport Document	
Seawaybill	
Air Waybill	
Consignment Note	
Freight-forwarder`s bill	

**Please note you must provide copies of the documents you issue for Underwriter`s approval prior to attachment of cover:**

**(e) Please advise the percentages of your traffic for the following types/categories of cargo:-**

	%
Personal Effects	
Wine or Beer	
Spirits and other Alcoholic Beverages	
Cigarettes and other Tobacco based products	
Fur and leather or garment/items made from Leather/Fur	
Clocks watches and parts	
Computer micro chipsHi-fis CD Players etc.	
Personal Computers and Games Consoles	
Televisions	
CD players, DVD players,CD`s DVD`s Tapes and Videos	
Cellular or Mobile Telephones of any description	
Temperature Controlled Cargo	
Plants and/or cut flowers	
Any other cargo of a high value (please gives details)	

**(f) Do you own or operate any of the following:-**

Containers	
Trailers	
Trucks/Vans	
Rail Wagons	
Tractor Units	
Fork Lifts	
Cranes	
Warehouses	
Depots	

If yes, you must please provide full details on a separate sheet.

**(g) Please advise the numbers of staff employed in the following categories:-**

Directors/Senior Management	
Senior Technical	
Clerical/Secretarial	
Operational	
Drivers	
Warehousemen	
Others (Please Specify)	

**(h) Please provide turnover ( gross freight receipts) as follows:-**

Next 12 Months	
Current Year	
Current Year Minus One	
Current Year Minus Two	

### 3) INSURANCE HISTORY

- (a) Can you please provide details of your Insurers and Broker during the last 4 years:-

	Broker	Insurers
Current		
Minus 1		
Minus 2		
Minus 3		

- (b) Please provide details of paid and outstanding claims for the last 4 years:-

	Paid	O/S	Total
Current			
Minus 1			
Minus 2			
Minus 3			

- (c) Please confirm the deductible(s) that were applicable during the last 4 years:-

	Deductible
Current	
Minus 1	
Minus 2	
Minus 3	



**I confirm that this form has been completed accurately by the company or by its appointed insurance broker or advisor and that all material information has been given. Completion of this form is not binding on either party.**

**Company :** \_\_\_\_\_

**Position :** \_\_\_\_\_

**Signed :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(If completed by an Insurance Broker or advisor please state)**

**Important Note:**

**If a quotation is put forward it will contain various Terms, Conditions and Exclusions. ITMU strongly recommend you examine the quotation in conjunction with your Insurance Broker before acceptance.**