



## RENEWAL QUESTIONNAIRE

Please complete sections applicable to your business.

**1. Name & Address of Policy holder:**

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**2. Services to be insured:**

Type	Gross Freight Receipts/Fees or Turnover/TEUS	
	Actual Figures (Last 12 months)	Projected Figures (Next 12 months)
Freight Forwarder as AGENT		
Freight Forwarder as PRINCIPAL or NVOG		
ROAD TRANSPORT OPERATOR		
WAREHOUSE OPERATOR		
CUSTOM CLEARANCE		
MTO		
FCL/FCL		
FCL/LCL		
LCL/LCL		
OTHERS – PLEASE ADVISE		
<b>TOTAL</b>		

**3. Please indicate as a percentage of the above your ANNUAL GROSS FREIGHT RECEIPTS/TEUS to or from each of the following Geographical Areas:**

Area	Percentage	Area	Percentage
Western Europe		Indian Sub-Continent	
Eastern Europe		Australia & New Zealand	
Baltic States & Former Soviet Union		USA	
Middle East		Canada	
Far East Excluding China		Central America	
Mainland China		South America	
Africa		Other	
<b>Please note that Percentages should total 100%</b>			

*\*Please note that A.T.L.A.S. 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.*



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4. Please confirm what percentage of your AGFR/TEUS is represented by the following cargoes:

Types	%	Types	%
Temperature controlled		Bottled Spirits & Wines	
Perishable cargo		Tobacco & Cigarettes/Cigars	
Dangerous cargo		Computers & Computer parts	
Pharmaceuticals		TV/Video/DVD/Radio	
Personal & Household Goods		Works of Art	
Mobile Telephones		Antiques	
Machinery & Electronic Equipment		Fragile Goods or goods requiring special handling & packing	
General Cargoes		OTHERS – PLEASE ADVISE	
<b>Please note that Percentages should total 100%</b>			

5. Please forward a copy of your current trading conditions or other carriage documents for all your insured services.
6. Please declare your AGFR broken down between

TYPE	Amount	Type	Amount
Sea Traffic		Rail Traffic	
Air Traffic		River Traffic	
Road Traffic		Warehousing	

**7. When arranging Warehousing services, please advise**

- (a) Under which contract terms you trade. Please provide a copy
- (b) Whether you check the subcontractors insurance arrangements prior to using their services: Yes/No
- (c) Whether you arrange for:

Warehouse Type	%	Warehouse Type	%
In Transit Storage		Temperature Controlled Storage	
Long Term storage ( Over 30 days)		Customs Bonded Storage	
Consolidation & Deconsolidation		Open Air Storage	

- (d) Are you the owner/operator of the warehouse? (If yes, further information may be required.)

**9 Do you operate a Road transport operation or Sub contract this to a third party. Yes/No**

*If you employ a sub-contractor, do you check their insurance adequacy or if not insured do you check that they are a bona fide operator, using road worthy and fully licensed vehicles employ experienced driver and are fully capable in handling the cargo you have employed them to carry.*

***Please specify: Y/N***

### CLAIMS



## RENEWAL QUESTIONNAIRE

Have during the past 12 months you been involved in any incident which could result in a claim or had a claim made against you which you have not as yet declared to ATLAS.

Yes/No

*If Yes, please advise full details on a separate sheet of paper, forwarding any and all correspondence you have received...*

Please note: failure to report any claim or incident within 30 days of you being aware of same, or an event that may lead to a claim, may result in our being unable to assist you.

**TO BE SIGNED, STAMPED AND DATED BY PROPOSED INSURED OR ITS APPOINTED BROKER**

Signature:

Date: