
TRANSPORT PROVIDERS PROPOSAL FORM



Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to underwriting@atlas-insurancecover.com.

| | |
|--|---------------------------------|
| Company name | |
| Company address | |
| Website | Date Company Established |
| Details of any Companies you would like added as a Joint Insured on your policy * | |

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|---|
| 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.*

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

| 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 you 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 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.

| 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 |

| | | |
|---|-----|----|
| <p>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.</p> | YES | NO |
| <p>If you require a specific limit and/or deductible to be quoted, please provide the values below: LIMIT: DEDUCTIBLE:</p> | | |
| 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

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not misstated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise insurers. We also understand that completion of this form does not bind insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance contract. By completing this proposal form we confirm that any business we conduct with A.T.L.A.S. is in accordance with all relevant money laundering, anti-financial crime and international economic or financial sanctions legislations.

Name: _____

Signed: _____

Position: _____

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: | Max: | | |
| | Avg: | | |
| Please include the currency | | | |

| | | |
|--|------------|-----------|
| 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) | | | |

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