

# Freight forwarders combined liability Proposal



Form MN040 11/10

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Note: where the word 'you/your' is used, it includes the proposer and all other entities and persons intended to be covered by the insurance.

## Broker details

<b>Company:</b>	<b>Contact name:</b>
<b>Postal address:</b>	<b>Phone:</b>

## Insured details

<b>1 The Proposer(s):</b>	
<b>2 Postal address:</b>	<b>Phone:</b>
<b>3 Nature of business:</b>	
<b>4 Period of insurance: From:</b> / / <b>To:</b> / / <b>at 4pm (NZ time)</b>	
<b>5</b> Full street addresses of all places at which you conduct business:	
<b>6</b> Name and contact details for all subsidiary or related companies which are proposed to be covered by this insurance:	
<b>7</b> Year of incorporation (if not incorporated, provide details of trading structure):	
<b>8</b> Principal officers and shareholders:	
<b>9</b> How many staff are employed by your company:	
<b>10</b> Have any of the partners/principals/directors/staff been subject to disciplinary proceeds or reprimanded by any professional association as a result of their professional activities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, give details:	

## Business activities

<b>1</b> Which of the following business activities are you engaged in? <input type="checkbox"/> Freight forwarder <input type="checkbox"/> NVOCC (issuing bills of lading as a principal) <input type="checkbox"/> Warehousing <input type="checkbox"/> Distribution <input type="checkbox"/> Courier <input type="checkbox"/> Storage of goods in transit <input type="checkbox"/> Domestic carriage of goods
<b>2</b> If you are a freight forwarder or NVOCC, what percentage of the cargo handled is: (a) export: % (b) import: %
<b>3</b> What percentage of your import/export cargo involves dealings with each of the following areas (totalling 100%)?
Australasia: % Pacific Islands: % China: % Hong Kong: % Central/South America: %
USA/Canada: % Italy: % CIS: % South Africa: % Europe (excl. Italy, Turkey, CIS): %
South Africa: % Rest of Africa: % Middle East (incl. Turkey): %
<b>4</b> What was your annual gross turnover from each of your business activities in each of the last three years?
<b>Year</b> (20 ) (20 ) (20 )
Freight forwarding (using Principal's Bills) \$ \$ \$
Freight forwarding (using your own House Bills) \$ \$ \$
Customs broking \$ \$ \$
Domestic carriage of goods \$ \$ \$
Warehouse or depot operator (coolstores) \$ \$ \$
Warehouse or depot operator (other) \$ \$ \$
Courier \$ \$ \$
Distribution \$ \$ \$
Other services provided (please specify): \$ \$ \$

5 Do you own, operate or lease a warehouse? Yes  No   
 If Yes, please specify address of each location(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

6 Do you provide any of the following warehouse services?  
 (a) Long term storage of personal effects/household goods: Yes  No   
 (b) Bonded area: Yes  No   
 (c) Refrigerated storage: Yes  No   
 (d) Consolidation/deconsolidation: Yes  No   
 (e) Local collection/delivery: Yes  No   
 (f) Secure storage of valuable or perishable goods (e.g. cigarettes, alcohol, electronic goods): Yes  No

7 Do you specialise in any particular types of cargo? Yes  No   
 If Yes, please specify.  
 \_\_\_\_\_

8 What maximum limits are required at each site:

Location	Maximum limit	Average storage value

9 Do you subcontract any of your services? Yes  No   
 If Yes, please provide full details.  
 \_\_\_\_\_  
 \_\_\_\_\_

### Carriers

1 What types of carriage do you undertake?  Town %  Long haul %  Courier %  Bulk goods %  
 Other % (please specify):  
 \_\_\_\_\_

2 What is your area of operation?  
 \_\_\_\_\_

3 What types of goods do you carry?  
 Refrigerated: %  Fresh produce: %  Livestock: %  Alcohol or beverages: %  
 White goods: %  Brown goods: %  Machinery: %  Electronics/computers: %  
 Building products: %  General merchandise: %  Tobacco products: %  
 Household goods and personal effects: % (please note these are excluded unless agreed by the Company in writing)  
 Dangerous goods: % (Specify type):  
 Bulk goods: % (Specify type and basis of freight charge):  
 Other: % Please specify:  
 Valuable cargo: % includes but not limited to bullion, precious metals, precious stones, jewellery, bank notes, coins, bonds, negotiable instruments, securities of any kind, works of art, wines, spirits, tobacco, tobacco products (please specify):  
 \_\_\_\_\_

4 Do you operate your own vehicles? Yes  No

5 What type and how many of each do you operate?  Cars: ( )  Courier vehicles: ( )  Light trucks: ( )  Vans: ( )  
 Heavy trucks: ( )  Refrigerated trucks: ( )  Bulk: ( )  Tankers: ( )  Trailers: ( )

6 Are you an owner/driver? Yes  No   
 If Yes, who are you contracted to:  
 \_\_\_\_\_

7 Do you sub-contract to other carriers? Yes  No   
 If Yes, please specify:  
 \_\_\_\_\_

8 Do you employ sub-contractors? Yes  No   
 If Yes, please specify:  
 \_\_\_\_\_

9 Do they have insurance cover? Yes  No

10 State maximum number of units of goods carried in any one vehicle:  
 \_\_\_\_\_

11 What is your projected gross freight revenue from your business as a carrier? \$  
 \_\_\_\_\_

### Limit of Indemnity

Section one: Liability as a Carrier – limit of Indemnity required: \$  
 \_\_\_\_\_

Section two: Liability as a Freight Forwarder – limit of Indemnity required: \$  
 \_\_\_\_\_

<b>Optional extensions:</b> Section one: Carriers Liability									
<b>A1</b>	Removal of Debris?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$	<b>A2</b>	Declared Value?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$
<b>A3</b>	Consequential Loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$	<b>A4</b>	Valuable Cargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$
Section two: Freight Forwarders Liability									
<b>B1</b>	Valuable Cargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$					
All sections:									
<b>C1</b>	Financial Loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$	<b>C2</b>	Bailees Liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$
If <b>Yes</b> , to C2, please supply street address, location of premises:									

### Documents/contracts

Please attach clear copies (including the reverse, if applicable) of any of the following that you use:  Bill of lading  Sea waybill  Air waybill  
 Terms and conditions of trade  Any contracts of domestic carriage which are on other than limited carrier's risk terms  Other

### General questions

<b>1</b>	Do you currently hold a liability insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , state the name of your present insurer:			
<b>2</b>	Do you have a marine cargo open policy that insures customers' goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please name the insurer:			
	Does the marine cargo insurer waive rights of recovery against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3</b>	Has the Proposer or any person or entity to be covered under this Policy:		
	(a) in the past five years experienced any loss (whether or not a claim was made) which would have been covered by or is related to the type of insurance being applied for on this Proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) in the past five years ever had any claim, action or allegation made against them, or been involved in any incident which may result in a claim, action or allegation being made against them, which would have been covered by or is related to the type of insurance being applied for on this Proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>4</b>	Has the Proposer or any person or entity to be covered under this Policy, or any person or entity who may benefit from this insurance:		
	(a) ever been charged with, convicted of, or have a pending prosecution for any criminal or statutory offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Note: the answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004.		
	(b) ever been adjudged bankrupt, gone into (or been a director of a company which has gone into) liquidation or receivership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , to questions 3 (a), (b) or (c) or 4 (a) or (b), please provide details:			

### Privacy Act 1993

Personal information is collected to evaluate your insurance requirements including establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Lumley General Insurance (N.Z.) Ltd PO Box 2426 Auckland 1140 ('Lumley'). Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

### Duty of Disclosure

You have a duty to disclose to us, whether asked for or not, all information that might influence the decision to offer you insurance cover and if so, on what terms and/or premium ('material information'). This duty exists prior to the inception, renewal or variation of your policy. Failure to disclose all material information may result in your policy being avoided. This means your policy will be deemed never to have existed and any claims will not be payable.

If you have any doubt as to whether a fact is material then it should be disclosed.

### Declaration

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.

I/We agree that the information provided will form the basis of any insurance cover that may be offered and that I/we will accept cover on the terms and premium prescribed by Lumley.

I/We authorise Lumley to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.

I/We authorise Lumley to use the information provided to advise me/us of their other products and services.

Proposers(s) signature:	Date: / /
Name (please print):	Company Title/Position: