

# Freight forwarders combined liability proposal

Form MN040 11/09



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

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

## Insured details

<b>Name of proposer:</b>	
<b>Broker:</b>	
<b>Postal address:</b>	
<b>Daytime phone no:</b>	<b>Fax number:</b>
<b>Contact person:</b>	
<b>Period of Insurance:</b>	<b>From: / / To: / / at 4pm (NZ time)</b>
Full street addresses of all places at which you conduct business:	
Name and contact details for all subsidiary or related companies which are proposed to be covered by this insurance:	
Year of incorporation (if not incorporated, provide details of trading structure):	
Principal officers and shareholders:	

## Business activities

Which of the following business activities are you engaged in?  Freight forwarder  NVOCC (issuing bills of lading as a principal)

Warehousing  Distribution  Courier  Storage of goods in transit  Domestic carriage of goods

If you are a freight forwarder or NVOCC, what percentage of the cargo handled is: (a) export? % (b) import? %

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): %		

What was your annual gross turnover from each of your business activities in each of the last three years?

Year	(20 )	(20 )	(20 )
Freight forwarder	\$	\$	\$
NVOCC	\$	\$	\$
Domestic carriage of goods	\$	\$	\$
Storage of goods in transit	\$	\$	\$
Courier	\$	\$	\$
Distribution	\$	\$	\$
Warehousing	\$	\$	\$

Do you own, operate or lease a warehouse? Yes  No

If Yes, please specify location(s):

Do you provide any of the following warehouse services?

Long term storage of personal effects/household goods Yes  No

Bonded area: Yes  No

Refrigerated storage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consolidation/deconsolidation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local collection/delivery:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secure storage of valuable or perishable goods (e.g. cigarettes, alcohol, electronic goods):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you specialise in any particular types of cargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please specify.		
Do you subcontract any of your services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please provide full details.		

## Carriers

What types of carriage do you undertake? <input type="checkbox"/> Town <input type="checkbox"/> Long haul <input type="checkbox"/> Courier <input type="checkbox"/> Bulk goods <input type="checkbox"/> Other (please specify)
What is your area of operation?
What types of goods do you carry? <input type="checkbox"/> Dangerous goods: % (Specify type):
<input type="checkbox"/> Refrigerated: % <input type="checkbox"/> Fresh produce: % <input type="checkbox"/> Livestock: % <input type="checkbox"/> Alcohol or beverages: %
<input type="checkbox"/> White goods: % <input type="checkbox"/> Brown goods: % <input type="checkbox"/> Machinery: % <input type="checkbox"/> Electronics/computers: %
<input type="checkbox"/> General merchandise: % <input type="checkbox"/> Bulk: % (Specify type and basis of freight charge):
<input type="checkbox"/> Other: % Please specify.
Do you operate your own vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , how many of: <input type="checkbox"/> Vans: ( ) <input type="checkbox"/> Light trucks: ( ) <input type="checkbox"/> Heavy trucks: ( )
<input type="checkbox"/> Refrigerated trucks: ( ) <input type="checkbox"/> Bulk: ( ) <input type="checkbox"/> Tankers: ( ) <input type="checkbox"/> Trailers: ( )
Are you an owner/driver? Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , who are you contracted to?
Do you employ sub-contractors? Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please specify.
Do they have insurance cover? Yes <input type="checkbox"/> No <input type="checkbox"/>
State maximum number of units of goods carried in any one vehicle:
What are your annual gross earnings 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 location of premises:			

## Documents/contracts

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

## Claims history

Please provide details of all claims made against you in the last five years, whether paid or unpaid.

Year	Claim details	Claim value

Do you have any reason to anticipate that any claim will be made against you in the future in respect of any negligent act, error or omission made by you, any partner, employee or predecessor? Yes  No

If Yes, please provide details.

Do you currently hold a liability insurance policy? Yes  No

If Yes, state the name of your present insurer.

Do you have a marine cargo open policy that insures customers' goods? Yes  No

If Yes, please name the insurer.

Does the marine cargo insurer waive rights of recovery against you? Yes  No

Do you have any reason to believe that any claim may be brought against you, or any person/entity proposed to be covered by the insurance? Yes  No

If Yes, please provide details.

Have you ever had any insurance cancelled or refused, or had special terms (including as to premium) imposed? Yes  No

If Yes, please provide details.

Have you or any other person to be covered under this Policy, or any person who may benefit from this insurance, ever been involved in, or charged with a criminal offence not affected by the Criminal Records (Clean Slate) Act 2004? Yes  No

If Yes, please provide details.

## Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- This proposal form collects personal information about You;
- The collection of this information is required pursuant to the terms of Your insurance policy;
- The information is collected to evaluate the insurance being sought and any claim You may make;
- The failure to provide this information may result in Your claim being declined;
- The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

## Declaration

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

On behalf of all proposed Insured I/We declare and agree that:

- all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature:	Title:	Date: / /
Insured(s) signature:	Title:	Date: / /