



FREIGHT FORWARDERS PROPOSAL

IMPORTANT NOTICE

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

COMPLETION NOTES

- Please answer ALL questions fully, if you need extra space please attach additional pages on your organisation letterhead and mark their inclusion on the proposal.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

A. DETAILS OF APPLICANT

1. Company name

2. Address

3. Subsidiary companies to be named in the insurance

NB. If subsidiary companies to be named, the information provided in this proposal form must include their activities

4. Date company established

B. DETAILS OF BUSINESS & PERSONNEL

1. What trade associations is your company a member of

2. Names and qualifications/years experience of directors and senior managers:



3. Employees:

- (a) Number of directors, senior managers
- (b) Number of clerical employees
- (c) Number of manual employees

Total

4. Services to be insured

Please tick the services you provide to your customers:

	No. of years	Approx. % of annual Turnover*
<input type="checkbox"/> Ocean freight forwarder/NVOC		
<input type="checkbox"/> Air freight forwarder/air cargo agent		
<input type="checkbox"/> Customs Broker		
<input type="checkbox"/> Local carrier		
<input type="checkbox"/> In-transit warehousing		
<input type="checkbox"/> Packing/ consolidating		
<input type="checkbox"/> Customs Broking		
<input type="checkbox"/> Other (please detail)		

C. FINANCIAL DETAILS

1. Please fill in table below

* Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer.

What was your annual turnover (for the services to be insured) for the last financial year	What is your estimated annual turnover for this financial year	Please forecast your annual turnover for the next financial year
. . .		

2. Below are questions for companies providing any freight forwarding service (ocean or air), haulage, warehousing or packing service.

- (a) Please estimate what percentage of your annual turnover is paid to independent Local carriers, Warehousekeepers, Consolidators, Packers:

%

- (b) What percentage of your annual turnover results from carriage of cargo which is:

Breakbulk	%	Approximate tonnage	
Containerised	%	Approximate number of TEU's	
Palletised	%	Approximate tonnage	



3. Please estimate the percentage of your annual traffic to or within each of the following areas:

Australia	%	New Zealand	%
North America	%	Europe	%
Asia	%	Middle East	%
Central & Sth America	%	Other	%

4. What percentage of your annual turnover is represented by:

Refrigerated cargoes	%	Perishables	%
Tank containers	%	Project cargoes	%
Electronics	%	Dangerous cargoes	%
High value goods	%	Household Goods	%

5. Do you have a Customs bond? Yes No

6. What percentage of your turnover relates to cargo carried under your own house bill of lading and / or house airway bill? %

7. If you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies):

7.1 Number of employees (including directors) involved in any of the above services:

7.2 Property you own or lease or operate:

Location	Services provided	Age/Construction	Describe security

8. Please describe the Cargo handling equipment used:

9. Do you hire to others? Yes No

10. Please tick the conditions of business and documents you currently use:

10.1 Conditions of business:

- (a) Own standard conditions – please attach a copy Yes No
- (b) Local Carriers Contracts - – please attach a copy Yes No
- (c) Other (please specify)



10.2 Bills of lading issued in your own name:

- (a) FIATA B/L Yes No
- (b) Own house B/L – please attach a copy Yes No
- (c) Other (please specify)

10.3 Other documents in your own name:

- (a) FIATA AWB Yes No
- (b) House airway bill - please attach a copy Yes No
- (c) Forwarder's certificate of receipt Yes No
- (d) Other (please specify)

D. DETAILS OF INSURANCE COVER

1. Please tick the insurance cover you require:

- (a) Liability cover if you do not issue your own bill of lading Yes No
- (b) Liability* cover including issuing your own bill of lading
*referred to by some other insurers as bill of lading liability Yes No
- (c) Third party liability Yes No
- (d) Liability for fines and penalties Yes No

2. Forwarders' errors and omissions:

- (a) Basic cover for liability for incorrect or wrongful delivery of Cargo or delay in the handling
of your Customer's Cargo only; or Yes No
- (i) Liability for customers' financial loss Yes No

E. CLAIMS DETAILS

1. In the last five years have any:

- 1.1 Cargo or statutory liability claims been made against you? Yes No
- 1.2. General third party liability claims been made against you? Yes No
- 1.3 Professional indemnity (errors and omissions) claims been made against you? Yes No
- 1.4 Circumstance arisen that could have resulted in any of the above liability
claims being made against you? Yes No
- 1.5 If YES to any of the above, please provide details

F. DETAILS OF INSURANCE COVER

1. Are you currently insured for liability risks? Yes No

1.1 If so, by whom and what is your current limit, deductible and premium?



2. Do you require a specific limit of liability and/or deductible to be quoted? Yes No

3. Do you have an open marine cargo policy for your clients cargo? Yes No

3.1 If so which insurer is this with and what is the loss experience.

[Empty text box for insurer and loss experience details]

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that the Company is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform the Company of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise QBE Insurance (International) Limited to give or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:-

- (a) QBE Insurance (International) Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- (b) I/We am/are obliged to advise QBE Insurance (International) Limited of any information which may be material to its consideration of this application.
- (c) Failure to provide any of this information may result in QBE Insurance (International) Limited refusing to provide the insurance.
- (d) I/We have certain rights of access to and correction of this information.

Signed	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text" value="/ /"/>



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QBE INSURANCE (INTERNATIONAL) LTD
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