

# Freight Forwarders Liability Proposal

## Important notice

### Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not 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 therefore decline to pay any claim.

### Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

### How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A Applicant details

1. Company name

2. Address

3. Subsidiary companies to be named in the insurance

Note: If subsidiary companies are to be named, the information provided above must include their activities.

4. Date company established

dd / mm / yyyy

## B Details of business and 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 and senior managers	<input style="width: 95%;" type="text"/>
(b) Number of clerical employees	<input style="width: 95%;" type="text"/>
(c) Number of manual employees	<input style="width: 95%;" type="text"/>
<b>Total</b>	<input style="width: 95%;" type="text"/>

4. Please tick those services you provide to your customers and indicate your experience and percentage of annual turnovers.

Area of service	Number of years' experience	Approximate % of annual turnover
<input type="radio"/> Ocean freight forwarder/NVOC	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
<input type="radio"/> Air freight forwarder/air cargo agent	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
<input type="radio"/> Customs broker	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
<input type="radio"/> Local carrier	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
<input type="radio"/> In-transit warehousing	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
<input type="radio"/> Packing/consolidating	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
<input type="radio"/> Other (please specify) <input style="width: 200px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %

**C Financial details**

1. Annual turnovers

(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 the current financial year?	Please forecast your annual turnover for the next financial year
\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>

2. Please complete this question if your company provides any freight-forwarding (ocean or air), haulage, warehousing or packing service.

(a) Please estimate what percentage of your annual turnover is paid to independent local carriers, warehouse keepers, consolidators or packers.	<input style="width: 95%;" type="text"/> %		
(b) What percentage of your annual turnover results from carriage of cargo which is:			
(i) break-bulk?	<input style="width: 95%;" type="text"/> %	Approx. tonnage	<input style="width: 95%;" type="text"/>
(ii) containerised?	<input style="width: 95%;" type="text"/> %	Approx. number of TEUs	<input style="width: 95%;" type="text"/>
(iii) palletised?	<input style="width: 95%;" type="text"/> %	Approx. tonnage	<input style="width: 95%;" type="text"/>

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 and South 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. Please complete this question if you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies).

(a) Number of employees (including directors) involved in any of the above services [ ]

(b) Details of 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.

- (a) Conditions of business
- (i) Own standard conditions - please attach a copy Yes  No       (ii) Local carriers contracts - please attach a copy Yes  No
  - (iii) Other (please specify) Yes  No       Tick to indicate enclosure(s). Enclosed

(b) Bills of lading issued in your own name

(i) FIATA B/L Yes  No

(ii) Own house B/L  
- please attach a copy Yes  No

(iii) Other (please specify) Yes  No

Tick to indicate enclosure. Enclosed

(c) Other documents in your own name

(i) FIATA AWB Yes  No

(ii) House airway bill  
- please attach a copy Yes  No

(iii) Forwarder's certificate of receipt Yes  No

(iv) Other (please specify) Yes  No

Tick to indicate enclosure. Enclosed

## D Details of insurance cover

### 1. Please tick the insurance cover you require.

(a) Liability cover if you do not issue your own bills of lading Yes  No

(b) Liability\* cover including issuing your own bills 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 customers' cargo only; or Yes  No

(b) Liability for customers' financial loss Yes  No

## E Claims experience

### In the past five years have any:

(a) cargo or statutory liability claims been made against you? Yes  No

(b) general third-party liability claims been made against you? Yes  No

(c) professional indemnity (errors and omissions) claims been made against you? Yes  No

(d) circumstances arisen that could have resulted in any of the above liability claims being made against you? Yes  No

If 'Yes' to any of (a) to (d) above, please provide details.

## F Details of insurance cover

1. Are you currently insured for liability risks?

Yes  No

If 'Yes', please provide the following details:

Insurer  Premium \$   
Limit \$  Deductible \$

2. Do you require a specific limit of liability and/or deductible to be quoted?

Yes  No

If 'Yes', please provide details.

3. Do you have an open marine cargo policy for your customers' cargo?

Yes  No

If 'Yes', what is the loss experience?

(a) Which insurer is this with?

(b) Please provide details of the loss experience.

## Declaration

I/We declare, on behalf of all proposed insureds, that:

- All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant

Date

Printed name

Phone

Position

Mobile

Email address

**PRINT**