

# Freight Transport Operators Insurance Proposal Form

## Important Notice

Please answer questions to the best of your knowledge and belief. All material facts must be disclosed as failure to do so may nullify any policy or certificate issued.

**NB. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact, you should consult Stuart Alexander Limited.**

If you consider that any question requires expert knowledge, which you are able to provide, indicate this in your answer.

## General

1. Name of Proposer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please give a complete description of all the business activities you wish to be insured under this policy.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please confirm that you have no interest in any ship or aircraft that may be used to perform any of your business activities and that you are not involved in any way in the management, navigation or operation of any ship or aircraft.

Confirmed no interest

5. How long has your business been established?

6. Are you a member of a trade association?

Yes  No

Please Specify  
\_\_\_\_\_  
\_\_\_\_\_

7. Please specify the trading conditions you operate under by ticking the appropriate box (es):

BIFA 2000   
FIATA   
RHA 1998   
RHA 1998 with increased limits   
Please detail limit/tonne £ \_\_\_\_\_  
UKWA   
CSDF   
Other (please attach copy)

Special Contracts  
(please supply details)

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8. Do you:

a. instruct your staff when giving verbal quotations for business to state that your trading conditions apply?

Yes  No

b. state that your trading conditions apply when confirming quotations in writing?

Yes  No

c. include on your stationery clear wording indicating that all business is transacted subject to your trading conditions?

Yes  No

d. have your trading conditions printed on the reverse of your stationery?

Yes  No

e. have copies of your trading conditions in your office(s) so that they are available to show your customers on request?

Yes  No

f. circularise regular customers with copies of your trading conditions periodically?

Yes  No

If the answer to any of the above is No are you prepared to adopt the suggestions in a-f above?

Yes  No



- g. Processing of goods \* Yes  No  Own labour/ premises £ \_\_\_\_\_  
 Sub-contractors labour/premises £ \_\_\_\_\_
- h. Other Yes  No  Own responsibility £ \_\_\_\_\_  
 Sub-contractors £ \_\_\_\_\_

\* Please submit further details under the Additional Information section i.e. a full description of the process/activity.

**2. Do you specialise in any of the following classes of goods? (please tick box if 'Yes'):**

- a. Livestock
- b. Bank or treasury notes, bullion, cash, jewellery, bonds, deeds, documents
- c. Precious metals and stones, non-ferrous metals
- d. Tobacco, cigars, cigarettes
- e. Bottled spirits
- f. Bulk products
- g. Refrigerated or temperature controlled goods

If you have ticked the box for f. and/or g. above please confirm:

Are your drivers trained in the use of bulk tankers and/or reefer equipment?

Yes  No

**3. Do you get involved in any traffic within, to/from or via:**

Amount of Turnover

Countries of the former USSR Yes  No  £ \_\_\_\_\_

Countries of Former Yugoslavia Yes  No  £ \_\_\_\_\_

Other Eastern Yes  No  £ \_\_\_\_\_  
European

Middle East Yes  No  £ \_\_\_\_\_

If the answer to any of the above is 'Yes', Underwriters may require more specific details of your operation in these territories.

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**4. Do you issue:**

- a. combined transport documents?  
Yes  No
- b. house airway bills?  
Yes  No
- c. house bills of lading?  
Yes  No
- d. CMR consignment notes?  
Yes  No

If 'yes' to any of the above please attach a copy (except CMR).

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**5. Sub-contractors (if applicable)**

- a. Do you agree trading conditions in writing with your sub-contractors?  
Yes  No
  - b. Do you ensure that your sub-contractors accept the same liabilities as you have to your principals?  
Yes  No
  - c. Do you obtain from them a letter of indemnity?  
Yes  No
  - d. Do you obtain written confirmation that they have valid and adequate insurance for work undertaken?  
Yes  No
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## 6. T form/Single Administration Document Liability

Do you require cover for 'T' form and S.A.D. liability?

Yes  No

If so, please advise estimated number issued per annum:

£ \_\_\_\_\_

What limit do you require any one 'T' form/SAD? (normal policy limit is £30,000)

## Section 1 - Goods Legal Liability Cover

### 7. Limits of Liability

What Limit of Liability would you require under this section? Please detail below: -

Limit of Liability £ \_\_\_\_\_ any one loss or series losses arising out of any one accident or event.

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### 8. Excess

What excess each and every claim do you require under this section?

Excess £ \_\_\_\_\_ each and every claim.

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### 9. Warehousing

Please state:

a. At how many locations do you store third party goods?

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b. Please specify locations where you require a limit equal to or exceeding £500,000.

Name of location & address: Limit:

a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide the following details for the above location(s)**

**i) Construction**

Location	Buildings, Walls (brick,concrete, wood etc)	Roof (Slate, tiles etc)	Age of Building
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ii) Fire Precaution**

Sprinklered?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

Smoke Detectors linked to a central station/full- time security guards?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

Fire Alarm linked to a central station/full- time security guards?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

Smoking banned?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

Extinguishers or Hose Reels?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

**iii) Security**

Burglar alarms linked to a central station/full-time security guards?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

Security Guards?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

Are they operating full-time?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

If not, when do they operate? Detail hours of shifts below.

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

**iv) Storage on Pallets/Racking?**

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

If no, what protections are taken?

Location:

a \_\_\_\_\_ Yes  No

b \_\_\_\_\_ Yes  No

**v) General**

Are customers goods stored in the open?

If yes please state

Location                      Type of Goods

a \_\_\_\_\_

b \_\_\_\_\_

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*Questions 10 and 11 apply to Eastern European traffic only*

10. Please state exactly which countries/areas within 'Eastern' Europe you operate or will be operating in. In addition, please advise the turnover earned from *each* country or area.

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11. What security precautions do you take to protect your vehicle, trailer and cargo carried?

*For example:*

1. Do you travel in convoys? Yes  No
2. Do you have driver accompanied loads?  
Yes  No
3. Do you have armed protection?  
Yes  No

If so, is this for all journeys or just certain routes? Please detail.

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4. Do you hire police protection on certain routes?  
If so, please detail.

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5. Where will you leave your vehicles/trailers overnight on long journeys?
  - a. Is this in a secured and locked compound?  
Yes  No
  - b. Will the driver or guards remain with the vehicle and goods?  
Yes  No

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**Section 2 –**  
**Errors & Omissions (Professional Indemnity) Cover**

Please state if cover is required under this section:

Yes  No

If the answer is 'Yes' please state:

1. Number of operational clerical staff, including directors actively engaged in your business: \_\_\_\_\_
2. i) What is your current excess each and every claim? £ \_\_\_\_\_  
ii) What excess do you require each and every claim? £ \_\_\_\_\_
3. What Limits Liability do you require under this policy?

Limits of Liability £ \_\_\_\_\_ in the aggregate any one policy any one year.

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**Section 3 –**  
**Trailers and Containers 'All Risks' Cover**

'All Risks' cover for trailers and containers owned/leased or hired by you is available.

Please state if required: Yes  No

If the answer is 'Yes' please answer the following:

a. Fleet details are as follows:

	<b>Maximum Value</b> Any one Unit	<b>Total Value</b> of all fleet	<b>Number</b>
Trailers	£ _____	£ _____	£ _____
Containers	£ _____	£ _____	£ _____
Tanktainers	£ _____	£ _____	£ _____

- b. What are your main areas of trading?  
(List below)

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- c. Geographical limits required  
(Please tick appropriate box):

UK/Europe Yes       Worldwide Yes

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**Section 4 –**  
**Cargo ‘All Risks’ Insurance**

‘All Risks’ cover for your customer’s goods in store and in transit is available under this section.

If required please tick this box and we will contact you to discuss further.

Yes

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**All Sections**

**Previous Insurance History**

*Applicable to all sections of this insurance:*

1.  
a. Please give the following claims details over the past five years:

Have any claims been made during the past five years that would have been recoverable under this type of insurance, against the proposer or any partner, director or employee of the proposer, or their predecessors in business?

Yes

No

Year	Paid	O/S	Type of Claim	Excess under Goods – Legal Liability
	£	£		£
	£	£		£
	£	£		£
	£	£		£
	£	£		£
	£	£		£

b. Potential Errors and Omissions (Professional Indemnity) Claims.

After enquiry from all possible sources, is the proposer aware of any circumstances which may subsequently give rise to a claim being brought against him or any partner, director or employee of the proposer or their predecessors in business?

Yes  No

2. Have you previously been insured for the cover requested?

Yes  No

If 'Yes' please state:

Name of Insurer \_\_\_\_\_

Current Excess under each section (if applicable)

£ \_\_\_\_\_ Section 1 – Goods Legal Liability

£ \_\_\_\_\_ Section 2 – Errors and Omissions

£ \_\_\_\_\_ Section 3 – Trailers and Containers

£ \_\_\_\_\_ Section 4 – Cargo All Risks

Additional Information

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**Declaration**

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and belief and that I/we have not withheld any information whatsoever that might in any respect increase the insurers' risk in connection with this proposal.

I/We agree that the above proposal and this declaration shall be the basis of the contract between me/us and the insurers concerned and I/we agree to abide by the terms and conditions of any policy which may be issued as a result of this proposal.

I/We agree to render at the end of each period of insurance a return of gross turnover if and as required by the policy conditions and to pay any excess premium which may be due.

Date \_\_\_\_\_

Proposer's signature \_\_\_\_\_

For and on behalf of \_\_\_\_\_

Signing this form does not bind the Insurers or Proposer to complete a Contract of Insurance.