

MarRS

CONTAINER OPERATOR

1 GENERAL INFORMATION

Name of Insured _____
 Main Address _____
 Telephone _____
 FAX _____
 E-mail _____
 Website _____

Other addresses/locations _____

Year established _____

Please provide a brief background and history of your company? _____

Are you a member of any Trade Associations YES/NO If YES, which ones? _____

2 INFORMATION ABOUT YOUR FLEET

a).Please complete the matrix below to indicate your fleet details:

Owned Fleet				
Type	Average value USD	Max value USD	Total Value	Average Age
TEU				
FEU				
Tank Containers				
FlexiTank/ISOBag				
Extrasize				
Reefer				
Flatbeds				
Other/please specify				
TOTALS				

3 INFORMATION ON YOUR INSURANCE HISTORY

For the last three years please indicate your broker and insurance company:

Current Broker _____
 Broker, last year _____
 Broker, 2 years previous _____

Insurer, current _____
 Insurer, last year _____
 Insurer, 2 years previous _____

Has Any Insurer :

- i). Ever cancelled your insurance? Y / N
- ii). Refused to renew any aspect of your insurances? Y / N
- iii). Declined to insure any aspect of your insurances? Y / N

If you have answered YES to any of the above please provide us with some details:

4 YOUR CLAIMS HISTORY

Please provide your claims record for the last 5 years. Figures entered should be from the ground up , i.e. without application of your excess/deductible at the time.

Year	Paid USD	Outstanding USD	Total USD
Current			
Less one			
Less two			
Less three			
Less four			

Please detail any claim over USD 25,000 as follows:

D.O.L.	Details of Claim	Paid USD	O/S USD	Fees USD	Total USD

