# **MarRS**

# **CONTAINER OPERATOR**

### 1 GENERAL INFORMATION

Name of Insured Main Address Telephone FAX E-mail Website				
Other addresses/loca	ations			
Year established		_		
Please provide a brief background and history of your company?				
Are you a member o Trade Associations	fany Y	ES/NO	If YES, which ones?	

# 2 INFORMATION ABOUT YOUR FLEET

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

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

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

Extrasize						
Reefer						
Flatbeds						
Other/please						
specify						
TOTALS						
b). Please can you supply a copy of your lease agreements.						
c). Approximately ho	w many units are or	n risk during any	one calendar year?			
d). What is the average period of time that each unit is on risk?						
e). Please can you advise your principal yoyages and routes.						
f). Please advise details of liner services and vessel specifications that you commonly use:						
Liner Services Vessel						
specifications						
=						
_						
_						
=						
_						

### 3 INFORMATION ON YOUR INSURANCE HISTORY

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 provid	e us with some deta

#### 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

5	5 YOUR INSURANCE REQUIREMENTS				
	Please advise the limits you require:				
	All Risks	USD			
	TLO including salvage, Sue and Labour General Average	USD			
	Third Party Liability	USD			
	Please advise the excess you require	USD			
6	ANY OTHER INFORMATION				
Please detail any further information that may be material to the risk. Please feel free to attach any additional sheets and information.					
_	DECLARATION				
7	vivon in this farm are twee to the boot of any knowledge and				
We declare that the information and answers given in this form are true to the best of our knowledge belief and that we have not mis-stated or suppressed any material facts that might influence Naviga assessment of the risk. We also understand that completion of this form does not bind either Navigor or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with your co					
	Signed:	Position:			
	Date:				