

# MarRS

## Freight Forwarder

### 1 GENERAL INFORMATION

Name of Insured \_\_\_\_\_  
 Main Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 FAX \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Website \_\_\_\_\_

Other addresses/locations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Year established \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_  
 Part Time \_\_\_\_\_  
 Directors/Officers/Partners \_\_\_\_\_

### 2 INFORMATION ABOUT YOUR OPERATIONS

What are your total Gross Freight Receipts for:  
 Next Year (estimate) USD \_\_\_\_\_  
 Current Year USD \_\_\_\_\_  
 Last Year USD \_\_\_\_\_  
 Two Years Ago USD \_\_\_\_\_

Please complete the following table to indicate classes of goods handled

	As Agent	As Principal	%Volume	% GFR
Containerised	Y / N	Y / N	_____	_____
Containerised(temp controlled)	Y / N	Y / N	_____	_____
General Cargo	Y / N	Y / N	_____	_____
Bulk Cargo	Y / N	Y / N	_____	_____
Livestock	Y / N	Y / N	_____	_____
Dangerous Cargo	Y / N	Y / N	_____	_____
Chemicals/Oils	Y / N	Y / N	_____	_____
Tobacco(inc cigars/cigarettes)	Y / N	Y / N	_____	_____
Personal Effects	Y / N	Y / N	_____	_____
Alcoholic spirits	Y / N	Y / N	_____	_____
CD/PC/Computer Games/DVD/Laptops, etc	Y / N	Y / N	_____	_____
Mobile, cell phones, etc	Y / N	Y / N	_____	_____
Jewellery, works of art, precious goods	Y / N	Y / N	_____	_____
Other high value goods-please specify	Y / N	Y / N	_____	_____

Do you anticipate involving yourself in any project cargo movements? If so please supply details.

**3 GEOGRAPHICAL AREAS OF OPERATION**

Please indicate the areas of the world you trade in as follows:

	% Road	% Rail	% Sea	% Air
Africa				
Australasia				
China				
CIS				
Central/South America				
Europe				
Far East				
India and subcontinent				
Italy				
Mexico				
Middle East				
USA/Canada				

**4 YOUR TRADING CONDITIONS**

Please advise which of the following you issue and provide a copy of same:

Bill of Lading	Y / N
Multimodal Transport Document	Y / N
Seawaybill	Y / N
Air Waybill	Y / N
Consignment Note	Y / N
Freight Forwarders bill	Y / N

**5 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:

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**6 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

**7 YOUR INSURANCE REQUIREMENTS**

Please indicate the limit you require:

Limit USD \_\_\_\_\_

Please indicate the excess/deductible you require USD \_\_\_\_\_

**8 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.

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**9 DECLARATION**

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence Navigator's assessment of the risk. We also understand that completion of this form does not bind either Navigators or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with you.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_







