

# MarRS

## Road Transport Operators

### 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 is your Gross Freight Receipts:

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

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

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:

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

For sendings to Italy, Mexico and CIS:

- a). Average number of sendings per annum or as a percentage of Gross Annual Income
  - Italy \_\_\_\_\_
  - CIS \_\_\_\_\_
  - Mexico \_\_\_\_\_
- b). Are they to the same destinations?
  - Italy \_\_\_\_\_
  - CIS \_\_\_\_\_
  - Mexico \_\_\_\_\_
- c). Are all vehicles equipped with anti theft devices?
  - Italy \_\_\_\_\_
  - CIS \_\_\_\_\_
  - Mexico \_\_\_\_\_

**4 YOUR TRADING CONDITIONS**

- a). Please advise if you issue your own waybills? If so please supply a copy.  
YES / NO
- b). Do you operate under CMR, or equivalent, conditions?  
YES / NO
- c). If NO to question b). Then please advise what percentage of movements this corresponds to:  
\_\_\_\_\_ %
- d). Please supply copies of any and all alternative contracts you employ.
- e). Do you work with subcontractors? YES / NO
  - If YES then please specify
    - i). Percentage of Gross Annual Income \_\_\_\_\_
    - ii). Number of subcontractors \_\_\_\_\_
    - iii). Region or type of cargoes that are subcontracted. \_\_\_\_\_
    - iv). Who is mentioned in the waybill as carrier \_\_\_\_\_
    - v). Do you require your subcontractors to carry their own insurance? Y/ N  
If YES then to what limits? USD \_\_\_\_\_
    - vi) What criteria are used to select sub contractors? \_\_\_\_\_

**5 ADDITIONAL RISK INFORMATION**

- a). Do you have systematic checks on all new drivers? YES / NO
- b). Do you have a disciplinary procedure for bad drivers? YES / NO
- c). Do you have written standard procedures for drivers?  
If YES then please supply a copy. YES / NO
- d). If you transport dangerous goods are they in accordance with IMCO regulations?  
And, are drivers properly qualified to handle such goods? YES / NO  
YES / NO
- e). What cautionary/anti theft devices are fitted to your vehicles?  
\_\_\_\_\_  
\_\_\_\_\_

- f). Are all high value goods transported in hard sided vehicles? YES / NO
- g). If you transport refrigerated goods do you subcontract the maintenance of the equipment? YES / NO  
If YES, do you have a right of recovery against the sub contractor? YES / NO
- h). Is it standard practice to employ two drivers per vehicle? YES / NO

**6 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7 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

**8 YOUR INSURANCE REQUIREMENTS**

Please indicate the limit you require:

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

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

**9 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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**10 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: \_\_\_\_\_