



TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

CARGO AND RELATED LIABILITIES INSURANCE PROPOSAL FORM FOR FREIGHT FORWARDERS AND / OR CARGO HANDLERS - ANNUAL POLICY

SECTION A: INSURED'S DETAILS:		
NAME OF INSURED:		
COMPANY VAT NUMBER:		
COMPANY REGISTRATION NUMBER:		
REGISTERED ADDRESS:		
Names and qualifications/years' experience of Directors and Senior Managers:		
SECTION B: RISK DETAILS		
Please tick the services you provide to your customers.		
Your services:	Please tick	For how many years:
Freight forwarder		
NVOC (issuing your own B/L's)		
Haulier		
In-transit warehousing		
Packing/consolidating		
Other, please specify:		
Actual and Projected figures:		
What were your annual gross freight receipts for the last financial year?		
What are your estimated gross freight receipts for this financial year?		
Please forecast your annual income for the next financial year?		
Alternatively:		
How many TEU's did you move / handle last year?		
How many TEU's do you expect to move / handle this year?		
How many TEU's do you forecast to move / handle next year?		



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SECTION B: RISK DETAILS CONTINUED

What percentage of your annual gross freight receipts is paid to Independent?

Road Hauliers	%	Warehousekeepers	%
Consolidators	%	Packers	%

What percentage of your annual gross freight receipts results from carriage of cargo which is?

Breakbulk	%	Approximate tonnage:	
Containerised	%	Approximate number of TEU's:	
Palletised	%	Approximate tonnage:	

Please estimate the percentage of your traffic to or within each of the following areas:

UK	%	Europe	%	N. America	%
Middle East	%	Africa	%	Australasia	%
Central & South America	%	Indian Sub-continent	%	Far East	%

What percentage of your annual gross freight receipts is represented by:

Refrigerated cargo	%	Tobacco products	%	Tank containers	%
Project cargoes	%	Spirits	%	Dangerous cargoes	%

Do you operate your own warehouse(s) or packing/consolidation facility(ies)?	YES	NO
Do you have a Customs bond?	YES	NO
Do you issue TT forms?	YES	NO

Please tick the conditions of business and documents you currently use.

Conditions of business:	
National ship agency association conditions	
FONASBA liner ship agency conditions	
FONASBA general ship agency conditions	
National forwarding association conditions	
National haulage association conditions	
Own conditions*	
Other (please specify):	
Bills of lading as a transport operator only:	
FIATA B/L	
Own house B/L*	
Other (please specify):	
Other documents as a transport operator :	
CMR/CIM consignment note	
House airwaybill *	
Master airwaybill	
Forwarder's certificate of receipt	
Other (please specify):	
* Please attach a copy	



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SECTION C: CLAIMS HISTORY

In the last five years have any:

Third Party general liability claims been made against you?	YES	NO
Cargo or Statutory liability claims been made against you?	YES	NO
Professional liability or Errors and Omissions claims been made against you?	YES	NO
Circumstance arisen that could have resulted in any of the above liability claims being made against you?	YES	NO

(If yes to any of the above, please attach full details)

SECTION D: PRESENT INSURANCE

Are you currently insured for your cargo liability and related risk?	YES	NO
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If so, by whom and what are your current terms and premium?

Do you require a specific limit of liability and/or deductible to be quoted?	YES	NO
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SECTION E: DECLARATION AND CONSENT

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 the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

GENERAL POPI CONSENT CLAUSE

By providing the information on your proposal/ request for insurance, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a quote be issued and accepted following the completion of this proposal form,

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE:

DATE:

Thank you for taking the time to complete this proposal form.