

**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, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: [info@trimarine.co.za](mailto:info@trimarine.co.za)

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

SECTION A: INSURED'S DETAILS:			
CLIENT NAME:			
VAT REGISTRATION NUMBER:			
COMPANY REGISTRATION NUMBER:			
REGISTERED ADDRESS:			
Names and qualifications/years' experience of Directors and Senior Managers:			
INSURANCE BROKER:			
SECTION B: RISK DETAILS			
<b>Please tick the services you provide for your customers.</b>			
Your services:	Please tick	Please confirm limit required:	For how many years:
Clearing and Forwarding	<input type="checkbox"/>	R	
NVOC (issuing your own B/L's)	<input type="checkbox"/>	N/A	
Haulier/Carriers	<input type="checkbox"/>	R	
In-transit warehousing	<input type="checkbox"/>	R	
Packing/consolidating	<input type="checkbox"/>	R	
Other	<input type="checkbox"/>	R	
If Other, please specify:			
Actual and Projected figures:			
What were your annual gross freight receipts for the last financial year?		R	
What are your estimated gross freight receipts for this financial year?		R	
Please forecast your annual income for the next financial year?		R	
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?			
What percentage of your annual gross freight receipts is paid to Independent?			
Road Hauliers	%	Warehouse keepers	%
Consolidators	%	Packers	%

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What percentage of your annual gross freight receipts results from carriage of cargo which is?					
Breakbulk	%	Approximate tonnage:			
Containerised	%	Approximate number of TEU's:			
Palletized	%	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:					
Bulk Cargo	%	Arms/Ammunition	%	Perishable/Refrigerated Cargo	%
Electronics	%	Tobacco products	%	Spirits and Alcohol	%
Project Cargoes	%	Tank Containers	%	Dangerous Cargoes (Please Specify below)	%
Do you operate your own warehouse(s) or packing/consolidation facility(ies)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have a Customs bond?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you issue TT forms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<b>Please tick the conditions of business and documents you currently use.</b>					
Conditions of business:					
National ship agency association conditions	<input type="checkbox"/>				
FONASBA liner ship agency conditions	<input type="checkbox"/>				
FONASBA general ship agency conditions	<input type="checkbox"/>				
National forwarding association conditions	<input type="checkbox"/>				
National haulage association conditions	<input type="checkbox"/>				
Own conditions*	<input type="checkbox"/>				
Other (please specify):	<input type="checkbox"/>				
<b>Bills of lading as a transport operator only:</b>					
FIATA B/L	<input type="checkbox"/>				
Own house B/L*	<input type="checkbox"/>				
Other (please specify):	<input type="checkbox"/>				
<b>Other documents as a transport operator:</b>					
CMR/CIM consignment note	<input type="checkbox"/>				
House airwaybill *	<input type="checkbox"/>				
Master airwaybill	<input type="checkbox"/>				
Forwarder's certificate of receipt	<input type="checkbox"/>				
Other (please specify):	<input type="checkbox"/>				
* Please attach a copy					

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In the last five years have any:				
Third Party general liability claims been made against you?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Cargo or Statutory liability claims been made against you?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Professional liability or Errors and Omissions claims been made against you?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Circumstance arisen that could have resulted in any of the above liability claims being made against you?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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	<input type="checkbox"/>	NO	<input type="checkbox"/>

**SECTION E: DECLARATION AND CONSENT****DECLARATION**

**I/We** declare that the information and answers given in this form are true to the best of **my/our** knowledge and belief and that **I/We** have not mis-stated or suppressed any material facts that might influence the assessment of the risk. **I/We** also understand that the completion of this form does not bind insurers or mean **I/We** will accept this insurance but, if terms are agreed, it will form part of the contract.

**GENERAL POPI CONSENT CLAUSE**

By submitting this proposal, **I/We** consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.

**I/We** consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.

**I/We** understand that **I/We** may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.

Where direct marketing is applicable, **I/We** understand it will only be sent if **I/We** provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.

NAME OF SIGNATORY:	
SIGNATURE:	DATE:

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