|  |  |
| --- | --- |
| 1. Company Name
2. Address
 |       |
| 1. Address
 |       |
| 1. Email
 |       |
| 1. Website
 |       |
| 1. Telephone
 |       |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed
 |       |
| 1. Insurance broker to whom quotation should be sent
 |  |
| 1. Company
 |       |
| 1. Name
 |       |
| 1. Email
 |       |

# SECTION 1 – General information

|  |  |
| --- | --- |
| a) Date established |      /     /       |
| 1. Name and address of any subsidiary, affiliated, associated companies or branch offices you wish to cover
 |
| Name and Address | Main Activity |
|       |       |
|       |       |
|       |       |
|       |       |
| 1. Number of Directors/Partners
 |       | Total number of staff |       |
| 1. Names, positions, professional qualifications and number of years’ experience of Directors/Partners and Senior Managers. Please attach any relevant CVs.
 |
| Names | Positions | Professional qualifications | Number of years experience |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 1. Are you a member of any trade association? (If “Yes” please detail)
 |

**SECTION 2 – Gross annual income (fees and commission earned)**

*Please indicate currency e.g., GBP*

|  |  |
| --- | --- |
| 1. Last financial year
 |       |
| 1. Estimate for this financial year
 |       |
| 1. Estimate for next financial year
 |       |
| 1. Of which estimated income from your country of domicile
 |       |
| 1. Please indicate the percentage of your gross annual income earned from the following activities to be insured:
 |
|  Port agent |       % | Liner agent |       % |
|  Bunker broker |       % | Ship manager\* |       % |
|  Naval architect |       % | Marine consultant |       % |
|  Sale and purchase broker |       % | Chartering broker |       % |
|  Marine surveyor\* |       % |  |  |
|  Other activities for which insurance is required  |       % | (Please specify)       |

\*(Please also complete a supplementary, sector specific, proposal form)

**SECTION 3 – Principals**

|  |  |
| --- | --- |
| 1. Please name the principals for whom you regularly act
 |       |
| 1. Do you have any financial interest in any of your principals companies?
 | Yes [ ]  | No [ ]  |
| 1. Do your principals have any financial interest in your company?
 | Yes [ ]  | No [ ]  |

**SECTION 4 – Contract conditions**

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under national or “standard contract
2. conditions”?
 | Yes [ ]  | No [ ]  |
| 1. Do you operate under any form of “master service agreement”?
 | Yes [ ]  | No [ ]  |
| 1. If “Yes” to either of the above, do you always advise your customers that your standard contract conditions apply?
2. Please supply copies of all contract conditions under which you operate. If “Yes” to a) or b) please give details:
 | Yes [ ]  | No [ ]  |
|       |

**SECTION 5 – Claims history**

|  |  |  |
| --- | --- | --- |
| 1. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years?

If “Yes” please give details: | Yes [ ]  | No [ ]  |
|       |
| 1. Has any insurer
 |  |  |
| 1. Declined to insure you
 | Yes [ ]  | No [ ]  |
| 1. Cancelled your insurance
 | Yes [ ]  | No [ ]  |
| 1. Refused to renew your insurance
 | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| 1. Imposed penalties or special termsIf “Yes” please give details:
 | Yes [ ]  | No [ ]  |
|       |
| a) Are you currently insured against the risks covered by ITIC?If “Yes”, answer the following. (If “No” please give details of most recent insurance) | Yes [ ]  | No [ ]  |
| 1. Name of insurer
 |       |
| 1. Limit of indemnity
 |       |
| 1. Excess/Deductible
 |       |
| 1. Premium
 |       |
| 1. Expiry date
 |       |
| 1. Retroactive date
 |       |

**SECTION 6 – Limits and deductibles**

|  |  |
| --- | --- |
| Please indicate currency e.g. GBP |       |
| Please indicate any preferred limits or deductibles |
|  | Limit | Deductible |
| Alternative 1 |       |       |
| Alternative 2 |       |       |
|  |  |  |

**SECTION 7 – Additional insurances available from TMT**

Would you like details about any of the following?

|  |  |  |
| --- | --- | --- |
| 1. Cash in transit and money insurance
 | Yes [ ]  | No [ ]  |
| 1. Cyber liability insurance
 | Yes [ ]  | No [ ]  |
| 1. Debt collection for the legal cost of pursuing unpaid disbursements and commission
 | Yes [ ]  | No [ ]  |
| 1. Directors’ and officers’ liability insurance
 | Yes [ ]  | No [ ]  |
| 1. Loss of commission insurance
 | Yes [ ]  | No [ ]  |

**DECLARATION**

Please supply any further information you may feel may be of use on a separate sheet of paper

**E.U. Disclosure Clause (U.K.)**

Notice to the Proposer/Insured

The Parties are free to choose the law applicable to this Insured Contract. Unless specifically agreed to the contrary this insurance shall be subject to the English Law.

**I/We hereby declare that the above statements and particulars which We/I have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not suppressed, misrepresented or mis-stated any material fact and have fairly estimated our Wages and Salaries expenditure and Turnover and agree that this proposal shall hold promissory and form the basis of the contract between me/us and the Insurers. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or voiding the policy in every respect. I/We the undersigned agree to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.**

|  |  |
| --- | --- |
| **Signed:** | **Position in company:** |
|       |       |
| **Date:** |  |
|       |

1. This proposal form must be completed and signed by a person who is authorised to bind the proposer.

**Please e-mail this completed form to: TrafalgarMarine.co.uk**