



CO-OPERATIVE INSURANCE COMPANY LIMITED

Company No. PB 834

Head Office: Co-operative Insurance House, No. 74/5, Grandpass Road, Colombo 14

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AGENT/ BROKER/ BRANCH /ADO

PROPOSAL FOR FREIGHT FORWARDERS' LIABILITY INSURANCE

Name	
Code No.	

IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such fact also.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading Name (if any)						
2. Subsidiary companies to be named in the insurance (If subsidiary/ associate companies are to be named, the information provided in this proposal form should also include their activities / operations)						
3. Postal Address						
4. Telephone/Fax Nos. /E-mail	Home		Office		Mobile	
	E-mail				Fax	
5. VAT Registration Number				SVAT Reg No		
6. Full description of business, trade or occupation and Business Registration Number						

7. Please indicate the line of business activity in which you are engaged

	Yes	No	If 'Yes', Annual Turnover Rs.
(i) Ocean Freight Forwarders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(ii) Air Freight Forwarders / Air Cargo Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(ii) Warehouse Operators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(iv) Shipping Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(v) Container Freight Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(vi) Any other operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

7. Period of cover required from Day Month Year to Day Month Year

8. In respect of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged Yes No

(a) Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms ?

If 'Yes', give details

(b) Have any losses or claims arisen during the past three years against you or any partner, director or employee of your establishment or of your predecessors in business whether previously insured or not ?

Yes No

If 'Yes', give details

Date of Claim	Details of Claim	Amount involved (Both Paid & Outstanding) Rs.
.....
.....

9. How long have you been in business? years

10 Please advise the number of staff employed in the following category and years of experience

Category	Number of Staff	Years of Experience
1) Directors / Senior Management		
2) Senior Technical		
3) Operational		
4) Others		

11. Give precise details of trading conditions under which you operate inclusive of any National or International Convention

Please attach copies of appropriate documents relevant to such Convention(s)

12. State how you bring to the attention of your clients the trading conditions of the business activity in which you are engaged

13. Are you a member of any professional association? Yes No

If 'Yes', give details

14. In respect of your business activity as Freight Forwarder, give details of goods involved

15. State the percentage of goods carried by

(i) Your own vehicle or vehicles under your control

%

(ii) Vehicles of sub-contractors

%

16. If you employ sub-contractors and require liability cover in respect of sub-contracted loads:
- (i) Have you required them in your contract document to accept full responsibility for goods ?
 - (ii) Have you obtained from them a Letter of Indemnity ?
 - (iii) Are you making a charge or reduction for insurance ?
 - (iv) Do you obtain a written confirmation that they have valid and adequate insurance cover ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. Are you issuing Bills of Lading?

Yes No

If "Yes" state the types and enclose specimen copies

18. If you are presently insured for any of the covers to which this proposal relates, state:

(i)

Name of Insurer

(ii) Policy Number

(iii) Amount of Excess in present insurance

Rs.

(iv) Special conditions imposed, if any

19. Do you prefer to bear an Excess higher than the compulsory excess stated

Yes No

Rs.

20. Indicate limits of indemnity required:

(i) Cargo Liability

Event limit

Aggregate limit

Rs.

Rs.

(ii) Professional Indemnity (Errors & Omissions)

Rs.

Rs.

(iii) Fines & Duty

Rs.

Rs.

(iv) Third Party Liability

Rs.

Rs.

DECLARATION

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail and will be the basis of the contract between me/us and Co-operative Insurance Company Limited.

Day Month Year

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Signature :

Important Notice

This is to inform you that this policy is issued to indemnify the Insured against legal liability in connection with the business/profession and/or subject matter described in the schedule to the policy. Therefore, such a judgment and/or decree being entered in a Court of competent Jurisdiction is a condition precedent to acceptance of liability in order to make any payment under the policy by us as Insurer subject to the terms, conditions and limitations therein.

If you need any clarification on the above, plsdr fo noy hesitate to contact your Insurance Agent or our Head Office.