

Road Transport Operators Proposal Form

**1. GENERAL INFORMATION**

Name of Insured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other addresses/locations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of formation Number of Employees: Full Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directors/Officers/Partners\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2 INFORMATION ABOUT YOUR OPERATIONS**

a) What are your Annual Gross Freight Receipts (AGFR) for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currency AGFR**

Next Year (estimate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two Years Ago\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Number of trucks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of trailers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Please indicate % of your AGFR derived from:

Own Operations

Sub-Contracting

Total 100%

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d) Please complete the following table to indicate classes of goods carried:

**% AGFR**

General Cargo Y / N

Temperature Controlled Cargo Y / N

Project Cargo Y / N

Bulk Cargo Y / N

Dangerous Cargo (IMDG) Y / N

Chemicals/Oils Y / N

Processed tobacco (incl. cigars/cigarettes) Y / N

Personal Effects Y / N

Bottled Beverages/Spirits Y / N

CD/PC/Computer Games/DVD/Laptops, etc Y / N

Mobile Phones/Cell Phones, etc Y / N

Other High Value Goods – please specify Y / N

e) Do you own or operate a warehouse(s)? Y / N

If YES, please complete questionnaire for warehouse operators.

**3 GEOGRAPHICAL AREAS OF OPERATION**

Please indicate as a % of your AGFR the countries/areas you operate in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**4 YOUR TRADING CONDITIONS**

a) Please advise which of the following you issue and provide a copy of same:

Trading Conditions of Professional Association Y / N

Own Trading Conditions Y / N

CMR-Consignment Note Y / N

Other Y / N

b) When sub-contracting, do you check the insurance arrangements of your sub-contractors?

Y / N

c) When sub-contracting, do you ensure that the sub-contractors do not trade under more

Restrictive contract terms? Y / N

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**5 ADDITIONAL RISK INFORMATION**

a) Do you have systematic checks on all new drivers? Y / N

b) Do you have a disciplinary procedure for bad drivers? Y / N

c) Do you have incentives for good drivers? Y / N

d) Do you have a written manual with standard procedures for all drivers? Y / N

e) If you transport dangerous goods, are drivers properly qualified and trained? Y / N

f) Are all vehicles fitted with cautionary/anti-theft devices? Y / N

g) Do you have specific procedures for carrying high valued goods? Y / N

If yes, please specify:

h) If you transport temperature controlled goods, do you sub-contract the

maintenance of the equipment? Y / N

i) Do you truck third party equipment (trailers/containers)? Y / N

j) Do you park laden trucks/trailers always in a secured parking? Y / N

**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

Current Insurer

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:

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**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 10,000 as follows:

**D.O.L.\* Details of Claim Paid USD O/S USD Fees USD Total USD**

\* Date of Loss

**8 YOUR INSURANCE REQUIREMENTS**

**Currency Amount**

Please indicate the limit you require

Please indicate the deductible you require

**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.

**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**

**Navigators’ 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:**