

FREIGHT SERVICES INSURANCE PROPOSAL

Please email or post to:

Midas Insurance Brokers Pty Ltd
P.O. Box 440,
Tullamarine, VIC 3043

Tel No. 1300 664 272
Fax No. 1300 710 766
Email info@midas.net.au
Website www.midas.net.au

PART A

ABOUT YOUR COMPANY AND YOUR BROKER

1) Intermediary Details

a. Intermediary name

b. Address

c. Contact Name

d. Telephone

e. Email

2) Applicant Details

a. Company name

b. Year company established

c. Principal/partners' full name(s)

d. Address

e. Telephone

f. Email

g. Website

h. Trading name (if different)

i. Name of any associated or subsidiary companies to be included (information provided must include these companies' activities)

j. Trade association membership details

PART B

ABOUT YOUR BUSINESS

1) Business Details

a. Turnover

i. Actual annual turnover for last five financial years (excluding duties and taxes)	
ii. Estimated turnover for proposed policy period (12 months) (excluding duties and taxes)	

Please advise approximate percentage of turnover for the following categories:

b. Business Activities

i. Freight forwarder – air	
ii. Freight forwarder – sea	
iii. NVOG (issuing Bill of lading)	
iv. Road Transport Operator, domestic	
v. Road Transport Operator, international	
vi. Warehouse Operator	
vii. Other (please specify)	
	100%

c. Cargo Carriage

i. Breakbulk	
ii. Containerised	
iii. Palletised	
iv. Bulk	
v. Other (please specify)	
	100%

d. Cargo Type

i. Refrigerated and/or temperature controlled cargo	
ii. Project cargo	
iii. High value cargo (Electronics, DVDs etc)	
iv. Tobacco products	

v. Wines and Spirits	
vi. Tank container cargo	
vii. Hazardous cargo	
viii. Pharmaceuticals	
ix. Personal and Household effects	
x. Other	
	100%

Of the high value cargo identified in d) above please provide an approximate percentage split between the following:

e. High Value cargo	
i. Wines, spirits and other alcoholic beverages	
ii. Cigarettes and tobacco based products	
iii. Furs and leather and clothes made from fur and leather	
iv. Televisions, plasma and other electronic screens, CD players, DVD players and other electronic players	
v. Computers, laptops, games consoles, MP3 players, ipods and similar electronic items	
vi. Cellular or mobile phones of any description	
vii. CD's, DVD's, Blue Ray discs, video tapes, electronic computer games, computer micro-chips	
viii. Clocks and watches, or parts of either	
ix. Other (non-high value cargo)	
	100%

2) Geographical Scope

Please provide approximate percentage of business to or within the following areas:

i. UK	
ii. Western Europe (excluding UK)	
iii. Eastern Europe	
iv. Baltic States and Former Soviet Union	
v. Africa (please provide a breakdown by country)	
vi. Middle East (please provide a breakdown by country)	

vii. Far East	
viii. Indian Sub-continent	
ix. Australasia	
x. United States of America	
xi. Canada	
xii. Central America	
xiii. South America	
	100%

3) Trading Conditions

a. Please confirm which conditions you operate under:

i. Own standard terms and conditions (please provide a copy)	
ii. Bill of lading (please provide a copy)	
iii. Airway bill (please provide a copy)	
iv. Consignment note (please provide a copy)	
v. Other (please specify)	

b. Please provide details of any contracts entered into where your limit of liability has been increased:

c. Please provide a copy of any non standard or bespoke contracts:

d. If issuing bills of lading please indicate the percentage on a port to port basis and door to door basis

e. If issuing airway bills please indicate the percentage on an airport to airport basis and door to door basis

4) For Road Transport Operators Only

a. If you use subcontractors:

i. Do you require that they contract on the same conditions?	Y / N
ii. Do you obtain confirmation in writing that they have adequate valid liability insurance in force?	Y / N
iii. Approximately what percentage of business is subcontracted?	%
b. Do you obtain written references for all drivers?	Y / N
c. If you use agency drivers:	
i. Do you ensure the agency has taken up written references?	Y / N
ii. Approximately what percentage of business is carried out using agency drivers?	%

5) For Warehouse Operators Only

a. List all storage locations owned or operated by you with full address including postcode/zipcode:

i. Indicate whether the warehouse premises are public, owned or leased.

ii. Advise size of the warehouse(s).

iii. Advise whether there is sole occupancy and use of the premise(s) by yourselves or full details of other occupants/users.

iv. Advise whether any third parties have access to the premises.

v. Advise what other activities, if any, are carried out at the premises.

vi. Describe the materials that the building(s) are constructed from (walls and roof).

vii. Advise the age of the building(s).

viii. Advise what fire precautions are in place (including details of fire alarms, smoke detectors, sprinkler systems and fire extinguishers).

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ix. Advise what anti flood facilities are installed.

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x. Advise what security provisions are in place.

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xi. Advise if any cargo is stored outside, including cargo type.

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xii. Advise if cargo is left in vehicles/trailers overnight.

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xiii. Do you provide consolidation/deconsolidation services, refrigerated storage or local deliveries/collections. If so please provide details of volumes involved and frequency of services.

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xiv. Advise cargo types stored at the warehouse and of the following categories:

i. Dangerous Goods;	
ii. Tobacco products;	
iii. Wines and spirits, televisions, plasma and other electronic screens;	
iv. CD players, DVD players and other electronic players;	
v. Computers, laptops, games consoles, MP3 players, ipods and similar electronic items;	
vi. Cellular or mobile phones of any description;	
vii. CD's, DVD's, Blue Ray discs, video tapes, electronic computer games, computer micro-chips	

PART C

ABOUT YOUR INSURANCE

1) Period, Limit, Deductible

a. When do you wish cover to commence?	
b. What are your current and/or preferred limits and deductibles?	
c. What were your deductibles for the last five years?	

2) Claims Experience

a. Please provide details, in the following format, for any paid or outstanding claims in the last five years. Claims should be net of deductible. Please include any survey/legal/expert fees:

Year	Insurer	Policy Number	Amount Paid (inc. currency)	Amount Reserved (inc. currency)

b. Please provide details, of any claims in the last five years in excess of A\$50,000:

Law. The insurance if accepted will be subject to Australian law and may be subject to the provisions of the Marine Insurance Act 1909 or the provisions of the Insurance Contracts Act 1984.

Duty of Disclosure. Before you enter into a contract of general insurance with the insurer you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that the insurer knows, or in the ordinary course of its business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure. If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent the insurer may also have the option of avoiding the contract from its beginning.

DECLARATION

I/We authorise Midas Insurance Brokers Pty Ltd to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We hereby declare that to the best of our knowledge and belief

The information provided herein is true and correct in every respect and I/we have not withheld any material information

I/We further confirm we have fully disclosed any information which might influence the Insurer in deciding whether or not to accept the risk, the terms and conditions of cover, or what premium to charge. We acknowledge that failure to do so may render the insurance voidable from inception and enable the Insurer to repudiate cover.

I/We understand that if a contract of insurance is entered into the answers given and information supplied, including this declaration, will form part of the contract.

Signed _____ Position _____

Name _____ Date _____