



FREIGHT FORWARDERS LIABILITY INSURANCE PROPOSAL FORM

Name of Insured : _____
 Address : _____
 Country of Incorporation : _____
 Year of Establishment : _____
 No. of Staff : _____

Website : _____ Contact Person : _____
 Fax No. : _____ Phone No. : _____
 Email : _____

Number of staff employed in the following categories:

Senior Management : _____
 Operational : _____
 Clerical : _____
 Driver : _____

Any overseas branch office : _____ (If yes, please provide details)

Do you employ any subcontractors? : _____

If Yes, please specify: _____

Please provide details of current freight forwarders liability cover, if any:

Please advise all claims / loss, whether insured or not, which occurred during the past 5 years

Year	Claim / Loss Amount	Nature of event	HKD paid	Outstanding

BUSINESS ACTIVITIES

Which of the following business activities are you engaged in?

Freight forwarder as principal	<input type="checkbox"/>	Warehouse operator	<input type="checkbox"/>
Freight forwarder as agent	<input type="checkbox"/>	NVOCC (Non Vessel Owning Common Carrier)	<input type="checkbox"/>
Distribution/Packing/Consolidating	<input type="checkbox"/>	Courier	<input type="checkbox"/>
Road haulage Operator	<input type="checkbox"/>	Customs Broker/Agent	<input type="checkbox"/>

If you are a freight forwarder / NVOCC / courier, what percentage of the cargo handled is: (a) export? %; (b) import? %

What percentage of your import/export cargo involves dealings with each of the following areas?

Australia / New Zealand	%	Russia	%
Japan / Taiwan / Korea	%	Europe	%
China / Hong Kong	%	US / Canada	%
South East Asia	%	Mexico / Central America	%
India	%	South America	%
Middle East	%		
Africa	%		

100%

Cargo Volume and Gross Freight Receipt (GFR) - Past 12 months

	TEUs	Tons	CBM	GFR in USD
Sea				
Air				
Road/Rail				
Total				

Cargo Volume and Gross Freight Receipt (GFR) - Estimated for coming 12 months

	TEUs	Tons	CBM	GFR in USD
Sea				
Air				
Road/Rail				
Total				

Please state the percentage of the type of cargo carried by your company:

Dangerous Goods	%
Wines / Spirit	%
Cigarettes	%
Mobile Phones	%
I.C. / Electronic Parts	%
Computer / Related Equipment	%
Audio / Video Product	%
Pharmaceutical Goods	%
Temperature Controlled Goods	%
Skin / Related Product	%
Other High Value Cargo	%
Construction Material	%
Chemical Product	%
General Cargoes	%

100%

Are you engaged in special carriage like:

Bulk

Flat Rack

Open top container



Do you own, operate or lease a warehouse? Yes No

If Yes, please specify location(s) details: _____

	Location	Construction *	Area (square feet)
1			
2			
3			

* Concrete wall & roof / metal roof / open area / etc

Warehouse Facilities:

	Location 1	Location 2	Location 3
Smoke detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft / Burgary alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 hours security guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the type of the warehouse? (if you own or lease a warehouse)

	Location 1	Location 2	Location 3
Public warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leased warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you provide the following services?

	Location 1	Location 2	Location 3
Consolidation / De-consolidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerated Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local collection / Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Do you operate your own vehicles?

If Yes, how many of:

Vans: () Light Trucks: () Heavy trucks: ()
 Refrigerated trucks: () Tankers: () Trailers: ()

Do you subcontract any of your services?

Yes No

If Yes, please provide full details:

COVERAGE / INDEMNITY LIMIT

- Section 1** : Third party liability (bodily injury or death / property damage) arising out of the provision of insured services
- Section 2** : Liability for loss of or damage to cargo and consequential loss arising therefrom under contracts of carriage, international conventions or law.
- Section 3** : Liability for errors or omissions in providing insured services - like wrongful delivery, fines due to breach of customs regulations
- Section 4** : Indemnity for costs and expenses, like legal defence cost
- Section 5** : Other liabilities like slander, libel, removing abandoned cargo
- Section 6** : Accidental damage to specified equipment

Please select the cover options you require:

Cover required 1 2 3 4 5 6

If you have selected section 6, please provide details of the equipment to be insured. If there is insufficient space, please attach a separate sheet

Description	Serial Number	Sum Insured



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 Thank you for considering Sun Flower to be one of your selected intermediaries.
 We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Please indicate the limit of indemnity you desire:

		any one occurrence	any one policy year
Section 1	:	_____	_____
Section 2	:	_____	_____
Section 3	:	_____	_____

DOCUMENTS / CONDITIONS

Please indicate document and conditions of business currently in use:

- Bill of Lading
- Sea waybill
- Air waybill
- Terms and conditions of trade
- Any contracts of domestic carriage
- Others



Please provide copy where applicable

DECLARATION

I / We hereby declare that all the particulars of this proposal are true, and I / we agree that this proposal shall be the basis of Contract between myself / ourselves and the insurance company.

 Company's Stamp
 Date:

 Proposer's Signature
 Position: