



# PROPOSAL FORM: FREIGHT FORWARDER LIABILITY

<b>Name of Proposer</b>			
<b>Proposer Address</b>			
<b>Website Address</b>		<b>Inception Date</b>	
<b>Years of Formation</b>		<b>Expiry Date</b>	
<b>Number of Employees</b>	Full Time		Part Time
	Directors / Officers / Partners		
<b>Is your company a member of the Federation of National Forwarders Association</b>		Yes	No
<b>Is your company an IATA Agent</b>		Yes	No
<b>Limit of Liability</b>	RM		

- Please provide latest **Report/Account** and any **brochure** describing services provided.

<b>EXISTING INSURANCES</b>			
<i>Do you currently have insurance for</i>			
Cargo Liabilities		Yes	No
Professional Negligence (Errors & Omissions)		Yes	No
Third Party Liabilities		Yes	No
Customs Liabilities		Yes	No
Have you ever been refused / cancelled for any insurances mentioned above		Yes	No
Do you have an open cover for the sale of marine cargo insurance to your customers		Yes	No
If yes, what percentage of your cargo is insured through your open cover			

<b>CLAIMS HISTORY</b>					
<i>Please provide the number and total amount of all paid and pending claims made against you (whether you have been insured or not) during the current and past five years, in respect of your freight forwarding operations. Please attach the details of any single claim (paid or pending / estimated) which represents more than 50% of premium paid in the year of claim occurred</i>					
YEAR	PREMIUM	CLAIMS PAID		CLAIMS PENDING / ESTIMATED	
		NUMBER	AMOUNT	NUMBER	AMOUNT
5 years ago					
4 years ago					
3 years ago					
2 years ago					
1 years ago					
Current year					
<b>TOTAL</b>					

<b>VOLUMES AND PARTICULARS OF TRADE</b>				
<i>Please provide the volume of trade</i>				
<b>TRAFFIC</b>	<b>CURRENT YEAR</b>		<b>NEXT YEAR (ESTIMATE)</b>	
	<b>THROUGHPUTS</b>	<b>GROSS FREIGHT RECEIPT (RM)</b>	<b>THROUGHPUTS</b>	<b>GROSS FREIGHT RECEIPT (RM)</b>
Sea				
Air				
Road				
Rail				
Warehousing				
Customs Brokerage				
Other				
<b>TOTAL</b>				

- Gross Freight Receipts – include disbursements but excluding duty
- Throughput – please indicate for units ie TEUs, metric tons, CBM
- Others – please provide details

<b>PARTICULARS TRAFFIC</b>	<b>AS PRINCIPAL (%)</b>	<b>AS AGENT (%)</b>	<b>PORT TO PORT (%)</b>	<b>DOOR TO DOOR (%)</b>	<b>FCL (%)</b>	<b>LCL (%)</b>
Sea						
Air						
Road						
Rail						
Other						

- For the applicable traffic
  - Principal and Agent add up to be 100%
  - Port to port and door to door add up to be 100%
  - FCL and LCL add up to be 100%

<b>TRADING AREA</b>						
<i>Please provide the percentage of each traffic for each trading area</i>						
<b>Traffic / Trading Area</b>	<b>Sea (%)</b>	<b>Air (%)</b>	<b>Road (%)</b>	<b>Rail (%)</b>	<b>Other (%)</b>	
North America						
Central & South America						
Western & Northern Europe						
Central & Eastern Europe						
Africa						
Middle East & Indian Sub – Cont						
North Asia incl China and Taiwan						
South East Asia						
Australasia						
Others						

<b>SPECIAL CARGOES</b>			
<i>Please provide the percentage of your trade in respect of the following cargo</i>			
<b>Types</b>	<b>%</b>	<b>Types</b>	<b>%</b>
Project		Bulk	
Temperature Controlled		Breakbulk	
Tank		Dangerous Cargo	
Flexitank		Personal Effects	

<b>HIGH –VALUED CARGOES</b>			
<i>Please provide number of consignments of the following cargoes per annum where the value including duty exceeds USD50,000 per consignment</i>			
<b>Types</b>	<b>%</b>	<b>Types</b>	<b>%</b>
Spirits		Work of art	
Cigarettes / Tobacco		Blood stock	
Jewelry		Gold / silver / platinum objects	

- Please advise if you would carry cargo on an Ad Valerom liability basis. Additional info will be required if Ad Valerom is needed to be considered.

<b>CONTRACTS</b>			
<i>Please provide the contract terms and conditions for your trade</i>			
FIATA Bill of Lading		Own Conditions	
Own Bill of Lading		NFA Conditions	
Sea Waybill		CMR Note	
Own Air Waybill		Other (please specify)	

- NFA Conditions – Conditions approved by National Freight Forwarders Associations, CMR applies to international road transport in Europe.
- Please supply the full copy of the contracts.

<b>WAREHOUSING</b>			
<i>Please provide the information in respect of your warehousing</i>			
Location			
Size / Area			
Maximum amount (metric ton) of cargo			
Maximum value of cargo stored			
Construction	Combustible		Non-combustibles
Your warehousing is for purpose of :	In transit		Long term
	(De)consolidation		
Security measures	Gate control		CCTV
	24 hours guarded		Other (please specify)
Anti-fire measures / Fire Protection	Hose reel		Extinguisher
	Auto sprinklers		Other (please specify)

**OTHER INFORMATION**

Do you move cargo with transshipment at an intermediate port	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, do you mention such intermediate port on your Bill of Lading	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you check annually that your sub-contractors have cargo liability insurance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, do your sub-contractors' liability insurance carry a limit of no less than the limit of your liability insurance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Additional info – please set out any other info relevant to the insurance of your operation				

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, misrepresented or misstated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Applicant Signature \_\_\_\_\_ and Company Stamp \_\_\_\_\_

Producer Name \_\_\_\_\_

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**Financial Services Act (FSA) 2013**

The **Insured** must take reasonable care to ensure that all the answers to the proposal form questions are complete, correct, honest and to the best of **Insured's** knowledge. The **Insured** also have a duty to inform the **Insurer** of any change in the information given to **Insurer** earlier before the **Insurer** issue the policy schedule, before **Insured** renew or change any of the terms of the policy. If **Insured's** does not, the **Insurer** may:-

- (i) declare **Insured's** policy void from inception (which means treating it as invalid) and the **Insurer** may not return the premium or recover any unpaid premium; or
- (ii) cancel this policy and return any premium less the **Insurer's** cancellation charge or recover any unpaid premium; or
- (iii) recover any shortfall in premium; or
- (iv) not pay any **Claim** that has been or will be made under the policy; or
- (v) be entitled to recover from the **Insured** the total amount of any **Claim** already paid under the policy or any **Claim** the **Insurer** have to pay under any relevant legislation, plus any recovery costs.