

## ORIENT INSURANCE PJSC

P.O. BOX 27966

DUBAI, U.A.E.

TEL : 253 1300

FAX : 253 1500

### ***FREIGHT SERVICES QUESTIONNAIRE***

#### 1) GENERAL INFORMATION

Name of Broker \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_

Fax : \_\_\_\_\_

Telex : \_\_\_\_\_

Name of Assured \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_

Fax : \_\_\_\_\_

Telex : \_\_\_\_\_

Other Offices : \_\_\_\_\_

Year formed : \_\_\_\_\_

Total Number of Employees : \_\_\_\_\_

Total Number of Directors/Partners : \_\_\_\_\_

(-2-)

Operations for which you require insurance :

(Please tick as appropriate)

Freight Services

Container Operator

Ship Agent

Vessel/Slot Charterer/Operator

Terminal Operator

Port Authorities

If you require insurance for these operations you should complete the Operational Information. Insurance history and other information sections of the applicable questionnaire.

f) Are you a member of any Trade Association, if so please provide details :

g) Please provide any background or general information regarding your organisation.

## 2) OPERATIONAL INFORMATION

Please describe the main areas of your business and trading conditions :

	%	Conditions	Attached
Freight Forwarder As Agent			Yes/No
Freight Forwarder As Principal			Yes/No
NVOCC			Yes/No
Road Carrier : Own Sub Contract			Yes/No
Rail Carrier : Own Sub Contract			Yes/No
Air Carrier : Own Sub Contract			Yes/No
Warehousekeeper : Own Sub Contract			Yes/No
Other (Please Specify)			Yes/No

(-3-)

Please attach a sample Contract/Trading Conditions for each of the above applicable operations, unless they are standard forms ie., FIATA, COGSA, CMR, BIFA, etc.

b) Please advise the percentages of your traffic to/from or within the following areas :

	<b>Road</b>	<b>Rail</b>	<b>Cont. (Sea)</b>	<b>Non-Cont. (Sea)</b>	<b>Air</b>
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Italy					
C.I.S.					
India/Pakistan					
China					
Far East					
Africa					
Australia					

Please advise the percentages of your traffic for the following types/categories of cargo:

	<b>%</b>
Personal Effects	
Wines	
Spirits	
Cigarettes	
Jewellery	
Computers/Related Equipment (Software/Hardware)	
Hi-fi CD Players etc.	
Video Tapes CD's	
Other high value cargo (Specify)	
Temperature/Atmosphere Controlled Cargoes	

(-4-)

d) Do you own or operate any of the following :

Containers	Yes/No
Trucks/Vans	Yes/No
Tractor Units	Yes/No
Cranes	Yes/No
Depots	Yes/No

Trailers	Yes/No
Rail Wagons	Yes/No
Fork Lifts	Yes/No
Warehouses	Yes/No

If yes, please provide details on a separate sheet.

e) Please advise the numbers of staff employed in the following categories :

Directors/Senior Management

Senior Technical

Clerical/Secretarial

Operational

Drivers

Warehousemen

Others (Please specify)

f) Please provide turnover as follows :

Next 12 months

Current Year

Current Year Minus One

Current Year Minus Two

(-5-)

2) **INSURANCE HISTORY**

a) Can you please provide details of your Insurers and Broker during the last 4 years :

	<b>Broker</b>	<b>Insurers</b>
Current		
Minus 1		
Minus 2		
Minus 3		

b) Please provide details of paid and outstanding claims for the last 4 years :

	<b>Paid</b>	<b>O/S</b>	<b>Total</b>
Current			
Minus 1			
Minus 2			
Minus 3			

c) Please confirm the deductible(s) that were applicable during the last 4 years :

	<b>Deductible</b>
Current	
Minus 1	
Minus 2	
Minus 3	

What deductible and limit do you require :

<b>Deductible</b>	<b>Limit</b>

d) Please provide details of any claim which exceeded (or is likely to exceed) US \$ 25,000 or which accounts for more than 25 % of the total claims in any one year:

4) **OTHER INFORMATION**

a) Please provide below any other information that may be material to the insurers  
(please use additional sheets for this or any other answers).

(-6-)

I confirm that this form has been completed accurately by the company or by its appointed insurance broker or advisor and that all material information has been given. Completion of this form is not binding on either party.

Company : \_\_\_\_\_

Position : \_\_\_\_\_

Signed : \_\_\_\_\_

(If completed by an Insurance Broker or advisor please state)