

Integrated Transit Liability | Application / Proposal



1. Please answer all questions completely. If additional space is needed, please list information on separate page(s), which will be attached to and become part of this application.
2. This application must be signed and dated by an officer, managing director, partner or owner of the company applying for coverage.
3. Please provide copies of the following (if included in application):
 - Your corporate brochure
 - Sample storage conditions (including freight, warehouse & dock receipts)
 - Sample invoice (front & back)
 - Sample bills of lading and contract conditions
 - Sample packing conditions
 - Sample customs broking conditions
 - Your terms and conditions of service for each country you operate in (if applicable)
 - Any other document addressing your liability or damages in event of a claim
4. CHECK ALL SECTIONS THAT YOU ARE REQUESTING. Complete the General Information section of this application and the specific section for each cover that you are requesting.

Note: Acceptance and review of these documents does not mean that all activities or entities listed therein will be covered.

General Information (Must be completed by all applicants)

1. Applicant name, physical address, website, phone and fax:

List company or companies to be insured under this policy, including names of all subsidiaries and divisions and all office locations to be insured (**do not list agents**). List only those entities that fit the policy definition of a Transportation Specialist, such as ocean, air or surface forwarder, ocean or air consolidator, IATA agent, etc. Attached separate sheet if necessary. Please include mailing address if different than physical address.

2. Company Information:

Date company was established: _____

Provide the following information for company owners, officers, partners, or managing directors:

| Name | Title | Years in current Industry | Years with organisation |
|-------|-------|---------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have any of the Partners/Principals/Directors or staff ever been subject to disciplinary proceedings or reprimand by any Court or professional association as a result of their professional activities?

If YES, please give details _____

3. Business Activities to be Insured:

Please fully describe the operations of the company. Please bear in mind that cover is only available under this type of policy for the following operations: Container Freight Stations, Customs Broking, Freight Forwarding, Multi-Modal Transport Operations, NVOCC Operations (Non Vessel Operating/Owning Common Carrier), Professional Packing, Road Carriage, Warehouse Keeping.

4. Office & Freight Operation Locations:

Please list all the office and freight operation locations to be insured together with the number of employees at each location. [Note: do not list agents]

5. Associations:

List professional and trade associations of which you are a member [*International Federation of Freight Forwarders Association, (FIATA); Custom Brokers and Freight Forwarders Federation of NZ, (CBAFF); International Air Transport Association, (IATA); etc.*]

Does the company trade under any of the above named associations' current conditions? Yes No

Do the company's quotation forms include a clear copy of current trading conditions? Yes No

What steps does the company take to bring these conditions to the clients' notice?

6. Service Contracts:

Do you have any service contracts in effect with your customers? Yes No

NOTE: We will not cover claims arising out of your liability assumed under any oral or written contract or agreement other than your standard terms and conditions of service, bills of lading, or tariffs that have been approved by us.

7. Territorial Transit Area:

List the complete geographical area to be covered by this policy, *i.e. your trading areas.*

8. Goods Specifically Agreed:

The following goods are excluded from cover under this policy unless specifically agreed as being covered. Please list those goods for which coverage is specifically required:

- Living animals but not limited to livestock (applicable to International transits only)
- Household goods & personal effects (applicable to local operations only)
- Office removals (applicable to local operations only)
- Perishable goods (applicable to local operations only)
- Dangerous Goods as per Appendix A of the NZ Standard 5433:1999 (Land Transport Rule: Dangerous Goods 1999) or subsequent amendments (applicable to local operations only)

9. Limit of Liability:

Select desired policy limit for each accident. *Sub-limits apply to Sections stated, but can be increased on request.*

NZ\$500,000 NZ\$1,000,000 Other (please indicate): NZ\$ _____

10. Deductible:

Select desired deductible for each accident. *Specific deductibles may apply to Sections stated.*

NZ\$2,500 NZ\$5,000 NZ\$10,000 Other (please indicate): NZ\$ _____

11. Previous Insurance:

Do you current have any insurance covering the risks proposed in place and if so, who is the current insurer?

Have you ever had any coverage disputes under any of these policies? Yes No

[If yes, please attach explanation on a separate page]

Has any application for this type of insurance ever been declined or cancelled, or has renewal been refused? Yes No

[If yes, please attach explanation on a separate page]

Proposed Effective Date _____ Proposed Expiry Date _____

Has the business, you or any of your directors / partners of your company ever been placed in any form of liquidation, declared bankrupt or made any arrangements with creditors? Yes No

If yes, please give details _____

Have you, your partner(s) / director(s) ever been charged with or convicted of any offence involving dishonesty of any kind? Yes No

If yes, please give details _____

12. Loss Experience:

Please provide details of all claims/losses for the previous 5 years on all Sections for which coverage is sought by you under this application.

| Date of loss | Amount of Loss before Application of any Deductible | Brief Description of Nature of Loss and Circumstances Surrounding loss | Claim Status (Note if Paid or Reserved) |
|--------------|---|--|---|
| | | | |
| | | | |
| | | | |

Are you aware of any other circumstances not mentioned above which might give rise to a claim? Yes No

If yes, please give details _____

Revenues/Volumes/Limits (projected for next 12 months)

| Section | Description | Air | Sea |
|---------------------------------------|---|---|-----|
| Transport Liability Section | Part 1: International | GFR* on Insured Bills of Lading | \$ |
| | | GFR* generated as Agent | \$ |
| | Part 2: Within NZ (LCR) | GFR* on local LCR Operations | \$ |
| | Part 3: Within NZ (DV or DT) | GFR* on local Declared Value and/or Declared Terms Operations | \$ |
| Errors & Omissions Section | | | |
| Bailee Liability Section | Gross Receipts (if available) - Location 1. | \$ | \$ |
| | Gross Receipts (if available) - Location 2. | \$ | \$ |
| Packing Liability Section | Turnover Figure for Packing (if available) | \$ | \$ |
| Customs Liability Section | Customs Broking Fees | \$ | \$ |

*GFR = Gross Freight Receipts

Transport Liability Section

This section provides coverage for physical loss or damage to your customers' cargo shipped under your Bill of Lading, Air Waybill or Consignment Note. If applying for this coverage, please attach sample copies of all Bills of Lading and Contract Conditions issued by your company(s) and answer the questions listed below.

Part 1: International Transport

Bills of Lading Insured Insurance will be provided only for those bills of lading shown below

Sea Bill of Lading [*copy attached*]

Name on Bill _____

Date of Bill _____

Surface Consignment Note [*copy attached*]

Name on Note _____

Date of Note _____

Air Waybill [*copy attached*]

Name on Waybill _____

Date of Waybill _____

Methods of Transit Sea, air and land (*delete if not applicable*)

Commodities Does 20% or more of your gross revenue involve a particular commodity?

Yes No If yes, state commodity and percentage:

_____ %

Traffic Please provide estimates on the percentage of traffic derived from:

1. "Project" forwarding* _____ % 2. Temperature controlled goods _____ %

3. Perishable Goods _____ % 4. Used Equipment/merchandise _____ %

*Example: Arranging transportation of materials for specific projects such as construction

Parts 2 & 3: NZ Local Carriage

Area of Operation Geographical area of operation

Nature of Operations Local Carriage _____ %

Line Haul _____ %

Definition: Same day return trip over 100km from point of loading (one way)

Long Haul _____ %

Definition: Where return trip cannot be made in the same day (approx. over 300 km from point of loading one way)

Driver Information Total Number of Drivers _____

Number of owner drivers _____

Number and type of vehicle _____

[i.e. van, truck, trailer, refrigerated unit, B train] _____

Part 2: Transport of goods within New Zealand (Limited Carriers Risk Contracts)

Contract Conditions Insured Insurance will be provided only for those contract conditions shown below

Consignment Note [*copy attached*]

Name on Note _____

Date of Note _____

Methods of Transit Sea, air and land (*delete if not applicable*)

Limit of Liability (each Accident) NZ\$500,000 NZ\$1,000,000 NZ\$ _____ (*please indicate*)

Part 3: Transport of goods within New Zealand (Declared Value or Declared Terms Contracts)

Contract Conditions Insured Insurance will be provided only for those contract conditions shown below

Declared Value / Declared Terms *[copy attached]*

Name on Conditions _____

Date of Conditions _____

Declared Value / Declared Terms *[copy attached]*

Name on Conditions _____

Date of Conditions _____

Methods of Transit Sea, air and land *(delete if not applicable)*

Limit(s) of Liability (each Accident) Contract 1. NZ\$ _____

Contract 2. NZ\$ _____

Deductible(s) (each Accident) Contract 1. NZ\$ _____

Contract 2. NZ\$ _____

Errors and Omissions Section - Sub Limit NZ\$500,000

This section provides coverage for your customers’ direct financial loss resulting from your negligence. If applying for this coverage, please attach sample copies of your terms and conditions of service and answer the questions listed below.

Applicant:

Has the company(s) listed as Applicant(s) in the General Information section of this application changed their name, merged, been acquired, or changed ownership during the past three years? Yes No

If yes, please attach explanation on a separate page

Employees: (Complete this section if answers are any different from Question 4, in the General section of this application)

Number of employees (part-time employees count as one full employee). _____

Number of employees at headquarters (list employee counts for other office locations below). _____

List city/country of all other office locations and number of employees at each location **(do not list agents)**.

Note: No coverage will be afforded to entities or offices not listed in General Information section or this section above. Coverage can only be granted to entities that fit within the limitations of the Business Activities to be Insured.

Bailee Liability Section

This section provides coverage for physical loss or damage to property of others, including containers, trailers and similar transportation equipment, while in your care, custody or control. If applying for this coverage, please attach sample copies of all storage conditions (including freight, warehouse and dock receipts), and answer the questions listed below.

Warehouse Information:

Please provide the following information for each location where you store freight. *List additional warehouse locations on separate page(s) if necessary.*

Location 1

Physical Address _____

Goods Stored _____

Age of Building _____ Sprinkler System Yes No

Total Storage Area _____ Monitored Alarm System Yes No

Construction Type _____

Limit of Liability required NZ\$ _____ each Accident

Location 2

Physical Address _____

Goods Stored _____

Age of Building _____ Sprinkler System Yes No

Total Storage Area _____ Monitored Alarm System Yes No

Construction Type _____

Limit of Liability required NZ\$ _____ each Accident

Storage Conditions:

Please advise at what time and in what manner the storage conditions are brought to the attention of your clients.

Packing Liability Section - Sub Limit NZ\$500,000

This section provides coverage for damage to your customers' cargo as a result of insufficient or inadequate packing, crating, or container stuffing activities performed by you or your subcontractors. If applying for this coverage, please attach sample copies of your packing conditions and answer the questions listed below.

Packing Activities:

Which of the following packing activities does your company perform?

| | | |
|---|-----|----|
| Packing and/or crating for export | Yes | No |
| Loading, stowing, blocking or bracing in a container | Yes | No |
| Disassembly of cargo for packing, crating, loading or stowing | Yes | No |
| Marking package with handling instructions | Yes | No |
| Design or construction of packing materials | Yes | No |
| Other: _____ | | |

Do you charge separately for these activities or are they included in other freight handling charges?

| | Included (Y / N) | Separate (Y / N) | If Separate, % of Revenue |
|-------------------------------------|---------------------|---------------------|------------------------------|
| Packing/crating for export | _____ | _____ | _____ % |
| Loading/stowing/blocking/bracing | _____ | _____ | _____ % |
| Disassembly of cargo for above | _____ | _____ | _____ % |
| Handling instructions | _____ | _____ | _____ % |
| Design or construction of materials | _____ | _____ | _____ % |
| Other: _____ | _____ | _____ | _____ % |

Sub contracting:

Do you sub contract your packing activities to other companies? Yes No

If yes, please provide copy of agreement(s) and/or standard instructions

Customs Liability Section - Sub Limit NZ\$500,000

This section provides coverage for fines or penalties arising from negligent and unintentional breach by your company of any import/export laws or customs regulations. Coverage is also provided for confiscation of customers' property as a result of the breach. If applying for this coverage, please attach sample copies of your customs broking conditions and answer the questions listed below.

Fines / Penalties:

Has any government or regulatory agency imposed claims, fines, or penalties of any description against your company within the last 5 years? Yes No

If yes, please give details _____

Audits:

Has any government or regulatory agency audited all or part of your operations within the last 5 years? Yes No

If yes, please give details of results / recommendations _____

Were all the recommendations implemented? Yes No

If no, please give details _____

Important Notices

Note:

The signing of this Application does not bind the undersigned to purchase this insurance nor does review of the Application bind Vero Marine Insurance to issue a policy. Vero Marine Insurance reserves the right to offer limits or deductibles other than those selected by the applicant. It is agreed that this application is the basis of the contract should a policy be issued and that a copy of this Application becomes a part of the policy.

Your duty of disclosure:

Subject to the rights set out in the Criminal Records ("Clean Slate") Act 2004, you are under a duty to disclose all material information to Vero Marine Insurance whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero Marine Insurance avoiding your insurance policy.

Privacy Act 1993:

This Proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Vero Marine Insurance, 48 Shortland Street, Auckland; Failure to provide any personal information requested may result in your application for insurance being declined. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

Declaration

I/We declare that:

1. Subject to any right I/we have under the Clean Slate Act, the information given is in every respect true, correct and complete and all material information has been disclosed to Vero Marine.
2. This Application shall be the basis of the contract between me/us and Vero Marine Insurance; and I am/we are willing to accept Vero Marine Insurance's policy terms, conditions, exclusion and any special terms they may require.
3. I/We are fully authorised to complete and sign this Application on behalf of the person/s named in the Application.

I/We authorise:

1. Vero Marine Insurance to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claims/s made by me/us.
2. Vero Marine Insurance to use my/our personal information to advise me/us of Vero Marine Insurance's products and/or services.

I/We undertake to inform Vero Marine Insurance immediately of any material events or changes in circumstances which occur after the commencement of this Policy or after any renewal.

Signature _____ *Date* / /

Company _____ *Position in Company* _____

This insurance will not be in force until this Application / Proposal has been accepted by Vero Marine Insurance.