Date company established : Street address : *		
City / Town : *		
Postcode: * State: *		
Country: * Phone number: *		
Paid up share capital : * Name of contact person : *		
Phone number : * Fax number : *		
Do subsidiaries / branch offices	s exist ? O Yes O No	
their addresses:		
(B) DETAILS OF BUSINE	SS AND PERSONNEL	
Total number of staff : * What trade associations is your	company a member of ?	
Experience of Senior Managem	nent: *	Years with
Name	Title Previous organization	organization
(C) FINANCIAL DETAILS Gross Freight Receipt (for the		
(GFR = All business transaction	n LESS payments to subcontractors LESS customs duty & LESS sales tax. Pl has a subcontract to a third party)	ease add the payment
Estimated GFR turnover for prop * Please provide estimated ann business activity for the propo	ual GFR breakdown or % breakdown (total) 100% to be tallied with the tota	l GFR declared above k
Services % Seafreight	% Packing	
Airfreight Warehousing	Customs clearance Trucking	
Region: A percentage of all acti	vities (total 100%)	
Region % Within Malaysia USA/Canada	Region % Rest of the world Sanctioned country	
USA/Canada OPTIONS	Sanctioned country	
sanction, prohibition or restri	or limited under the policy with respect to these countries or other countries wh ction under United Nations resolutions or the trade or economic sanctions, l an Union, United Kingdom or United States of America. i.e Myanmar, Syria, Iran	aws or regulations of t
Percentage % of GFR for these of Commodity	commodities: (total 100%)	
Electronic goods Dangerous goods	Project cargo Valuable cargo General car Bulk cargo Refrigerated cargo	go
wide, 2.5m height.	n including packing with weight greater than 7 metric tonnes or with dimensions r	nore than 5m length, 2.5
Do you issue any house transpo (a) House Bill of Lading (b) House Air Way Bill	O Yes O No O Yes O No	
(c) Other house transport docur	nent O Yes O No our transport documentation with the wording clearly visible Attach File	
	I warehouse contracted for storage usage more than 3 months (and also managed by the Insured that has not been declared before). Please also so by the lase also so the party warehouse	
1st LOCATION Street address:		
City / Town :		
Postcode : State :		
Country : Age of building :		
Alarm system : CCTV :	○ No○ Yes○ No○ Yes	
Security guards (24hrs/7days)	: O No O Yes	
Fire extinguisher : Any sprinkler :	O No O Yes O No O Yes	
Flood-prone area : Type of cargo stored :	O No O Yes	
No. of years in this location : Floor area occupied :	sqm	
2nd LOCATION Street address:		
City / Town :		
Postcode : State :		
Country : Age of building :		
Alarm system :	O NoO Yes	
Security guards (24hrs/7days) Fire extinguisher:		
Any sprinkler : Flood-prone area :	O NoO YesO NoO Yes	
Type of cargo stored : No. of years in this location :		
No. of years in this location : Floor area occupied :	sqm	
3rd LOCATION Street address:		
City / Town :		
Postcode : State :		
Country : Age of building :		
Alarm system :	O NoO Yes	
Security guards (24hrs/7days) Fire extinguisher :		
Any sprinkler : Flood-prone area :	O NoO Yes	
Type of cargo stored : No. of years in this location :		
Floor area occupied :	sqm	
	there are more than 3 locations. Attach File	
*How many vehicles are owned	d/leased/managed for carrying goods, and what type of vehicles?	
Do you charter vessels or aircra	ft ? (excluded in the policy) O Yes O No	
*(D) CLAIMS DETAILS In the last 3 years, have you ha	d any:	
(a) Cargo or statutory liability c	laims made against you ?	
(c) Professional indemnity (erro	rs and omissions) claims made against you? O Yes O Notes	10
(d) Circumstances arise that couliability claims made agains *Please provide claim details,	t you ?	

Note:			
• You are to disclose in this form fully and faithfully all	facts you know or ought to know, otherwi	se the policy issued here	under may be void.
• Liability is not attached until the proposal has been a	accepted by the insurance company.		
 Any changes in the information given must be report 	ted to the Company immediately or else th	e Company will reserve	the right to decline all liabilit
 All fields marked with a * are mandatory. 			

*Company Stamp

I'm not a robot

*Optional Cover:

*Signature

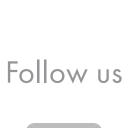
Uncollected Cargo

O Tenant Liability

reCAPTCHA Privacy - Terms

O Fidelity Guarantee O Airfreight Replacement







*Email Address

Date printed