

(A) DETAILS OF APPLICANT (Policy insured name)

Name of the company : *

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 exist? Yes No

If yes, please provide their addresses:

(B) DETAILS OF BUSINESS AND PERSONNEL

Total number of staff : *

What trade associations is your company a member of?

Experience of Senior Management : *

Name	Title	Previous organization	Years with organization
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(C) FINANCIAL DETAILS

Gross Freight Receipt (for the services to be insured)

(GFR = All business transaction LESS payments to subcontractors LESS customs duty & LESS sales tax. Please add the payment to subcontractors if your company has a subcontract to a third party)

Estimated GFR turnover for proposed period Select a Currency

* Please provide estimated annual GFR breakdown or % breakdown (total) 100% to be tallied with the total GFR declared above by business activity for the proposed policy period:

Services	%		%
Seafreight	<input type="text"/>	Packing	<input type="text"/>
Airfreight	<input type="text"/>	Customs clearance	<input type="text"/>
Warehousing	<input type="text"/>	Trucking	<input type="text"/>

Region: A percentage of all activities (total 100%)

Region	%	Region	%
Within Malaysia	<input type="text"/>	Rest of the world	<input type="text"/>
USA/Canada	<input type="text"/>	Sanctioned country	<input type="text"/>

OPTIONS

* Coverage may be excluded or limited under the policy with respect to these countries or other countries which may be subject to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, European Union, United Kingdom or United States of America. i.e Myanmar, Syria, Iran, etc.

Percentage % of GFR for these commodities: (total 100%)

Commodity

Electronic goods	<input type="text"/>	Project cargo	<input type="text"/>	Valuable cargo	<input type="text"/>	General cargo	<input type="text"/>
Dangerous goods	<input type="text"/>	Bulk cargo	<input type="text"/>	Refrigerated cargo	<input type="text"/>		

Project cargo definition: any item including packing with weight greater than 7 metric tonnes or with dimensions more than 5m length, 2.5m wide, 2.5m height.

Do you issue any house transport documents?

(a) House Bill of Lading Yes No

(b) House Air Way Bill Yes No

(c) Other house transport document Yes No

If so, please submit a copy of your transport documentation with the wording clearly visible

Information needed on EACH warehouse contracted for storage usage more than 3 months (and also other new warehouse owned/leased/contracted and managed by the Insured that has not been declared before). Please also specify each warehouse is owned/leased/managed/third party warehouse

1st LOCATION Owned Leased Managed Third party

Street address :

City / Town :

Postcode :

State :

Country :

Age of building :

Alarm system : No Yes

CCTV : No Yes

Security guards (24hrs/7days) : No Yes

Fire extinguisher : No Yes

Any sprinkler : No Yes

Flood-prone area : No Yes

Type of cargo stored :

No. of years in this location :

Floor area occupied : sqm

2nd LOCATION Owned Leased Managed Third party

Street address :

City / Town :

Postcode :

State :

Country :

Age of building :

Alarm system : No Yes

CCTV : No Yes

Security guards (24hrs/7days) : No Yes

Fire extinguisher : No Yes

Any sprinkler : No Yes

Flood-prone area : No Yes

Type of cargo stored :

No. of years in this location :

Floor area occupied : sqm

3rd LOCATION Owned Leased Managed Third party

Street address :

City / Town :

Postcode :

State :

Country :

Age of building :

Alarm system : No Yes

CCTV : No Yes

Security guards (24hrs/7days) : No Yes

Fire extinguisher : No Yes

Any sprinkler : No Yes

Flood-prone area : No Yes

Type of cargo stored :

No. of years in this location :

Floor area occupied : sqm

Please attach separate sheets if there are more than 3 locations.

*How many vehicles are owned/leased/managed for carrying goods, and what type of vehicles?

Do you charter vessels or aircraft ? (excluded in the policy) Yes No

*** (D) CLAIMS DETAILS**

In the last 3 years, have you had any:

(a) Cargo or statutory liability claims made against you ? Yes No

(b) General third party liability claims made against you ? Yes No

(c) Professional indemnity (errors and omissions) claims made against you ? Yes No

(d) Circumstances arise that could have resulted in any of the above, or any other liability claims made against you ? Yes No

*Please provide claim details, if any :-

(E) DETAILS OF INSURANCE COVER

Do you have an open marine cargo policy for your clients cargo? Yes No

Estimate Annual Carrying (EAC) RM

If 'Yes', and what is the loss experience?

*Optional Cover:

Uncollected Cargo Tenant Liability

Fidelity Guarantee Airfreight Replacement

*Person-in-charge *Company Name *Email Address

Note:

- You are to disclose in this form fully and faithfully all facts you know or ought to know, otherwise the policy issued hereunder may be void.
- Liability is not attached until the proposal has been accepted by the insurance company.
- Any changes in the information given must be reported to the Company immediately or else the Company will reserve the right to decline all liability.
- All fields marked with a * are mandatory.

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