



**CONTAINER INSURANCE  
PROPOSAL**

*Please email or post to*

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**PART A**

**ABOUT YOUR COMPANY AND YOUR BROKER**

**1) Intermediary Details**

a. Intermediary name

b. Address

c. Contact name

d. Telephone

e. Email

**2) Applicant Details**

a. Company name

b. Year of foundation

c. Principal/partners' full name(s) or registration number if limited company

d. Address

e. Telephone

f. Email

g. Website

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h. Trading name (if different)

i. Name of any associated or subsidiary companies to be included (information provided must include these companies' activities)

j. Trade association membership details

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k. Number of Staff

**PART B**  
**ABOUT YOUR BUSINESS**

**1) Equipment Schedule**

Please provide details of your current owned and leased equipment:

<b>Container Fleet details and values</b>	Container number range	Number of units	Unit Value (inc. currency)	Total Value (inc. currency)	Average Age (years)	%age Owned or Leased	%age used in US Trades
40' Dry vans							
20' Dry Vans							
40' Dry Van Hi Cube							
20' Dry Vans Hi Cube							
20' Temperature Controlled							
40' Temperature Controlled							
20' Fantainer							
40' Fantainer							
20' Flatrack							
40' Flatrack							
20' Open Top							
40' Open Top							
20' Tanktainer							
40' Tanktainer							
Trailers							
Chassis							
Other							

**2) Carrying Vessel details**

Please provide estimates for the fleet values for the last 4 years and an explanation for any variations over 10% p.a.:

Vessel Name	Vessel type	Age	Flag	Class	TEU Capacity	Average TEU carried per voyage

### 3) Trading Pattern

Please provide the port rotations for the trade routes operated and indicate what percentage of your total equipment movements apply to each trade route (remember to include full and empty movements):

### 4) Locations

Please provide the addresses of your main equipment locations indicating the typical number of equipment units located there at any given time. These locations may include terminals and inland container parks, hubs and distribution centres

**PART C**  
**ABOUT YOUR INSURANCE**

**1) Policy Extensions**

Please indicate if required

a. Third Party Liability: **Yes / No**

**2) Period, Limit, Deductible**

a. When do you wish cover to commence?	
b. What are your current and/or preferred limits and deductibles?	
c. What were your deductibles for the last five years?	

**3) Claims Experience**

Please provide details, in the following format, for any paid or outstanding claims in the last five years. Claims should be net of deductible. Please include any survey/legal/expert fees:

Year	Insurer	Policy No.	Amount Paid (inc. currency)	No. of claims paid	Amount Reserved (inc. currency)	No. of claims reserved

## DECLARATION

Insurance Act 2015 imposes on the Insured a 'duty of fair presentation of risk'.

Fair Presentation of Risk means that the Insured:

- (a) Must make a reasonable search for relevant information and documentation, which includes the make of enquiries by the Insured, which might influence the Insurer in accepting the risk and if so on what terms, but excepting facts and documents which lessen risk or which are common knowledge or will be known by Insurers in the ordinary course of business; **and**
- (b) In this connection, the Insured must declare to Insurers in a clear and concise manner the information and documentation that the Insured's senior management and/or the person(s) in charge of insurance at the Insured and/or the risk manager at the Insured and/or the Insured's broker(s) (i) knows and (ii) ought to know, in the ordinary course of business.

Examples (but without limitation) of things which may be relevant are special or unusual facts relating to risk, particular concerns which led the Insured to seek insurance, and anything which those concerned with this type of insurance and field of activity to be insured would generally understand to be relevant.

(c) If the insured suspects that there is relevant information or documentation which should be declared under the duty to make fair presentation to insurers, the Insured should take positive steps to make enquiry. Where he does not make such enquiry, the Insured shall be deemed to know.

(d) The Insured's statement as to its expectation of belief as to any relevant matter must be made honestly and in good faith.

Therefore, based on the above mentioned requirements, we hereby confirm that the answers given and information supplied are correct to the best of our knowledge and belief.

We further confirm we have fully disclosed any information which might influence the Insurer in deciding whether or not to accept the risk, the terms and conditions of cover, or what premium to charge. We acknowledge that failure to do so may render the insurance voidable from inception and enable the Insurer to repudiate cover.

We understand that if a contract of insurance is entered into, the answers given and information supplied, including this declaration, will form part of the contract.

Signed \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_