

Marine Surveyors proposal form

For Members of The Society of Consulting Marine Engineers and Ship Surveyors



Please mail or fax to International Transport Intermediaries Club Limited,
 90 Fenchurch Street, London, EC3M 4ST
Tel +44 (0)20 7338 0150 **Fax** +44 (0)20 7338 0151
Email itic@thomasmiller.com **Web** www.itic-insure.com

Company Name	
Address	
Email	VAT No
Telephone	Fax
Insurance broker to whom quotation should be sent	

1 General Information *(If additional space is required please list separately)*

a. Date company established

b. Names and addresses of any subsidiary, affiliated, associated companies or branch offices which you wish to include in the insurance:

Name and Address	Main Activity

c. Number of Directors/Partners Total number of staff
(including directors, surveyors and office staff engaged in providing services)

d. Names, positions, professional qualifications and number of years experience of your surveyors, including working partners and directors

e. Name of person to whom correspondence should be addressed

f. Are you a member of any trade association? *(If "Yes" please detail)*

2 Income

Please estimate you gross annual fees, and indicate currency, e.g. US\$

a. Last financial year	b. Previous financial year
c. Estimate for forthcoming year	

Please estimate against the services you provide the percentage of annual fees provided by each category of client:

	<i>Percentage of annual fees</i>		<i>Percentage of annual fees</i>
Hull underwriters		Ship owners/charters or their P&I Club	
Cargo underwriters		CMR (road transport) underwriters	
Non-marine underwriters		Quality control, Superintendence etc	
Other (brief description)			

Please advise gross fees paid to sub-contractors, and indicate currency, e.g. US\$

d. Last financial year _____ e. Previous financial year _____

f. Estimate for forthcoming year _____

3 Principals

Please name the principals for whom you regularly act _____

Do you approve towage arrangements for ships, oil rigs, barges, offshore production facilities, or any other craft _____

YES	NO
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delete as appropriate

If "Yes", please indicate what percentage of your annual fees relates to towage approval works: _____

4 Trading Conditions and documentation

Do you use standard trading terms and conditions? _____

(if "Yes" – please provide a copy) _____

YES	NO
-----	----

Do you have any contracts or agreements with specific clients ? _____

(if "Yes" – please advise the name(s) of these clients and provide a copy of the contract or agreement) _____

YES	NO
-----	----

5 Claims History

a. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years? _____

YES	NO
-----	----

delete as appropriate

If "Yes" please give details on a separate sheet

b. Has any insurer

i. Declined to insure you ? _____

YES	NO
-----	----

ii. Cancelled your insurance ? _____

YES	NO
-----	----

iii. Refused to renew your insurance ? _____

YES	NO
-----	----

iv. Imposed penalties or special terms ? _____

YES	NO
-----	----

delete as appropriate

If "Yes" please give details on a separate sheet

c. Are you currently insured against the risks covered by ITIC? _____

YES	NO
-----	----

If "Yes", with whom? _____

delete as appropriate

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1 Limit _____

Deductible _____

Please state currency _____

Alternative 2 Limit _____

Deductible _____

Please state currency _____

7 Quality Assurance

Have you obtained quality assurance accreditation

in accordance with BS5750/ISO9002? _____

YES	NO
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8 Please supply any literature about your company which is relevant to this proposal.

DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the Club's assessment of the risk. We also understand that completion of this form does not bind either the Club or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with the Club.

Signed _____

Status of Signatory _____

Date _____

This proposal form must be completed and signed by a person who is authorised to bind the proposer.