

BAILEE'S LIABILITY PROPOSAL FORM

IMPORTANT NOTICE
<p>Please note that this proposal form is for Bailees Liability (including Warehouseman Liability) which does not cover the liabilities of an NVOCC (Non-Vessel Owning Common Carrier) nor NAOCC (Non-Aircraft Owning Common Carrier)</p> <ol style="list-style-type: none"> 1. STATEMENT Pursuant to Section 25(5) of the Insurance Act - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy. 2. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover. 3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

1. GENERAL INFORMATION			
To complete a separate form for other named insured (if there are more than one)			
Company's Name:			
Business Description:			
Address:			
Facsimile No:	Telephone No:	Website:	
2. Information on Owners, Partners, Officers and Directors			
Name	Title	Years of Relevant Working Experience	Years with the Company
3. Membership: List Professional and Trade Associations of which company is a member (eg. Singapore Logistics Association, Singapore Aircargo Agent Association etc)			
Name of Association		Year Joined	Membership Status
4. Trading Conditions (Please attach a copy of your Standard Trading conditions)			
a. Are your standard trading conditions provided to your customers prior to shipment/transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Are your standard trading conditions indicated in your correspondence/faxes/emails to your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Are your trading conditions stated in your <input type="checkbox"/> Debit Note/Invoice <input type="checkbox"/> Quotation <input type="checkbox"/> Delivery Order <input type="checkbox"/> Warehouse receipts			
d. If you answer 'No' to any of the above questions, please advise how do you convey your trading conditions to your customers?			
e. Are there any non standard trading conditions contracted with your customers? If yes, please extend copies of these contracts if you wish to cover your liabilities arising from these contracts.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Copies of these non-standard trading conditions are attached herein.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Business Activities and Gross Receipts		
Type of Business Activities	Actual Annual Gross Receipts for last 12 months (\$\$)	Estimated Annual Gross Receipts for next 12 months (\$\$)
a. Warehouseman		
b. Road Haulier		
Total Gross Receipts		
Of the above please advise percentage of work that you sub-contracted to third parties.		
a. Warehouseman	%	%
b. Road Haulier	%	%
Do you require that your sub-contractors lodge a copy of their own Bailees Liability Insurance with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any other Business Activities:		
6. State Territorial Limit of Operation		
7. Type of Cargo Handled by Percentage (%)		
1. Commodities e.g. coffee beans, rice, sugar etc		
2. Perishable Cargo e.g. fruits, foodstuff		
3. General Cargo e.g. construction equipment, steel products		
4. Personal and Household goods		
5. Temperature controlled cargoes		
6. High valued computer related cargoes e.g. Integrated circuits, disk drives etc		
TOTAL		100%
8. Warehouse Facilities		
Location / Address	Describe Security System available at Location (eg. CCTV, 24)	Describe fire Protection Facilities at Location (eg. Sprinkler etc)
a. Are the premises operated and controlled by you? If they are not operated and controlled by you, please note that the policy do not provide cover for storage in such warehouse.		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are the premises solely occupied by you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If shared with others, please advise		
Location _____	Are goods handled clearly segregated from others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location _____	Are goods handled clearly segregated from others	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Cold Storage Facility		
Please complete the Cold Storage Supplementary Proposal Form if refrigeration system is provided.		

10. Limit of Liability required under this insurance			
Limit of Liability Any One Accident and in the Aggregate:			
11. Loss Experience: Please list all claims &/or losses for the last 5 years regardless of whether there was insurance cover <i>(To attach separate sheet if necessary)</i>			
Nature of Loss	Policy deductible	Original Claim Amount	Claim Status
12. Employees Information			
Number of employees on permanent employment :			
Number of employees on part time employment :			

Declaration

The Undersigned being authorised by and acting on behalf of the Proposer declares and warrants all statements made in this proposal form are true, complete and accurate. Acknowledges and agrees that this proposal form is the basis of the contract should a Policy be issued and that it forms a part of the Policy.

Authorised Signature: _____ Date: _____

Name: _____ Title: _____