

#### **TT Club Mutual Insurance Ltd**

90 Fenchurch Street London EC3M 4ST United Kingdom www.ttclub.com

# **Proposal Form**

### **Container Lessors**

This questionnaire may be completed by your broker.

Fields are marked with an asterisk(\*) are mandatory. Fields marked with a paperclip (\$\mathcal{O}\$) require you to attach further details to your proposal. Failure to give complete answers may cause delay.

### **General Information**

**Registered Company name\*** 

Registered Address\*

Telephone

**Email Address\*** 

**Year of Foundation** 

**Proposal Currency\*** 

Renewal Date\*





### **Proposal Form**

### **Equipment Section\***

# Carrying Equipment\*



Please attach a declaration of the carrying equipment you would like to insure and include the following details:

Category: Container; chassis/trailer; rail wagon; powerpack; or swap body

Type: Dry; refrigerated; tank; atmospheric; or powerpack

Size: in feet

Quantity: of each category/type/size

Insured value: the value you wish to ensure each unit for

Basis of valuation: New replacement value; market value; or depreciated (book) value

Basis of cover: loss & damage, or total loss only

What is the estimated utilization rate of your equipment for the next year?

What is the maximum value of equipment stored at any one location ?e.g. depot. factory

# Lessees and Risk Management\*



If you require insurance for your equipment whilst on-lease, please complete this section.

Please attach a declaration of all lessees who lease 50< units from you, including the registered name, address, count and total value of units on lease

Please attach details of your:

- Master lease agreement, and any special lease agreements
- Lessee due diligence procedures
- Collection, default & equipment recovery procedures



## **Proposal Form**

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Are you currently insured for the type of risks insured by the TT Clu			?*	Yes	No	
Please attach de	tails of any single claim	for the last five complete ye (paid or pending) which rep		•		
the premium paid	d in the year the claim o	ccurred.				
If 'No', please att with the TT Club.	^	red losses which would be r	ecoverable	under a poli	icy	
Policy Year	Premium	Deductible	Claims Paid		Claims Pending	
			Count	Sum	Count	Sum
Current year						
-1 year						
-2 years						
-3 years						
-4 years						
-5 years						
I confirm that this in insurers on the effe	nformation is correct and o	confirmed by incumbent				
Policy Refusa	al/Cancellation*					
Have you ever ha	ad any insurance policy	cancelled or refused?		Yes	No	



### **Proposal Form**

### **Insurance Requirements\***

### **Policy structure\***

Cover	Required?	Limit	Deductible	
Off Lease Equipment Loss/Damage	Yes			
Liabilities	Yes			
On Lease Equipment Loss/Damage	Yes			

Remarks:

### Additional Information

Please set out below any other information relevant to the insurance of your business



It would assist us if you would forward with this questionnaire your company's latest annual report and accounts, plus any company brochures or literature describing your services.

### **Declaration\***

I hereby confirm that the information given above and in all attached sheets is true and correct.

Signature			
Name			
Position			
Date			