



**TT Club Mutual Insurance Ltd**  
90 Fenchurch Street London EC3M 4ST  
United Kingdom  
www.ttclub.com

# Proposal Form

## Port Authorities

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This questionnaire may be completed by your broker.

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

### General Information

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**Registered Company name\***

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**Registered Address\***

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**Telephone**

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**Email Address\***

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**Year of Foundation**

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**Proposal Currency\***

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**Renewal Date\***

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## Proposal Form

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### Dredging\*

Do you undertake maintenance dredging of your berths/channels?	Yes	No
Do you undertake capital, reclamation or remediation dredging? If 'Yes', please attach full details	Yes	No
Do you undertake dredging for other ports? If 'Yes', please attach details of your trading conditions, revenue, dredge plans, experience.	Yes	No
Do you subcontract dredging? If 'Yes', please attached details in your response to the 'Subcontractors' section below including details of subcontractor's experience and contractual terms used.	Yes	No

### Subcontractors\*

What proportion of your insured services are subcontracted?		
Do you have a vetting process for selecting subcontractors?	Yes	No
Do you exclusively subcontract on back-to-back terms?	Yes	No
Remarks:		
Do you obtain evidence of your subcontractors' valid liability insurance?	Yes	No
If 'Yes', what limit of liability do you require your subcontractors evidence?		
Remarks:		

#### Hong Kong

T +852 2832 9301

E hongkong@ttclub.com

#### London

T +44 20 7204 2626

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#### New Jersey

T +1 201 557 7300

E newjersey@ttclub.com

#### Rotterdam

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E rotterdam@ttclub.com

#### Sydney

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### Subsidiaries \*

Please enter your subsidiary companies requiring insurance

Registered Company Name*	Registered Address*	Country*

### Property & Equipment Section

If you require physical loss & damage cover for your property or equipment, please follow the instructions below:

#### Handling Equipment

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

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**Location**

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**Description of equipment:** (incl. manufacturer and identification number)

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**Age of equipment**

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**Owned or leased?**

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**Quantity:** of each type

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

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



## Proposal Form

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### Property

Please attach an itemised declaration of the property you would like to insure and include the following details:

**Location:** full address

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**Type of asset:** building; contents; or wharves/quays/jetties

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**Description of asset:** e.g. Warehouse 1A

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**Details of construction:** where applicable

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

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

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### Business Interruption

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Do you require cover for:

Increased cost of working;

Loss of profits

Arising from:

Physical loss/damage to property;

Physical loss/damage to handling equipment;

Blockage of berth


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If blockage cover is required,  
do you require cover for blockage of:

Blockage of berth

Blockage of land entrances


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Do you have alternative equipment or means of access  
available to mitigate a claim? 

Yes

No

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Please attach a copy of your latest emergency response plan. 

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### Risk Management\*

Please attach details of your:

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a. Fire detection and firefighting equipment in buildings & handling equipment, including:

Fire alarms  
Extinguishers  
Sprinklers  
Hose reels  
Other (specify)

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b. Security protections, including:

Alarm system  
CCTV continuous monitoring  
CCTV video recording  
Security staff 24 hours  
Security staff business hours  
Other (specify)

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c. Asset maintenance policies & programmes

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d. Third party surveys of facilities/equipment

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e. Any other details relevant to your risk management/loss prevention



## Proposal Form

### Insurance History\*

#### Claims\*

Are you currently insured for the type of risks insured by the TT Club?\* Yes No

If 'Yes', please complete the table below for the last five complete years and the current year. Please attach details of any single claim (paid or pending) which represents more than 50% of the premium paid in the year the claim occurred.

If 'No', please attach details of all uninsured losses which would be recoverable under a policy with the TT Club.

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 information is correct and confirmed by incumbent insurers on the effective date:

#### Policy Refusal/Cancellation\*

Have you ever had any insurance policy cancelled or refused? Yes No

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### Insurance Requirements\*

#### Policy structure\*

Cover	Required?	Limit	Deductible
Customer Liabilities	Yes		
Errors & Omissions	Yes		
Third Party Liabilities	Yes		
Fines & Duties	Yes		
Property	Yes		
Handling Equipment	Yes		
Business Interruption	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.

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Signature

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Name

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Position

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Date

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