



MUS LOGISTICS PROTECTION PROGRAM

APPLICATION FORM

Please note that it is a duty of the Assured to provide full and accurate information to Underwriters and their agents and failure to do so may result in Underwriters' right to reject a claim which relates to circumstances which should have been disclosed or which is subject to misleading or inaccurate information (ref: § 6.1 of insurance conditions)

1. ASSURED:

Name:	
Contact person:	
Registration number:	
Date of incorporation:	
Address:	
Telephone:	
Web page:	
E-mail:	

2. YOUR INSURANCE BROKER (Reference to § 6.13 of insurance conditions):

Name:	
Contact person:	
Registration number:	
Address:	
Telephone:	
E-mail:	

Please advise whether you wish to include any of your associated companies as Co-Assured or Joint Assured under this insurance program?

- ☐ Yes
☐ No

If **YES**, please provide list all companies and make reference to their capacity under this insurance policy (reference: § 6.7 of insurance conditions)

Are you a member of any professional association?

- ☐ Yes(please specify) _____
☐ No

What are your annual gross freight receipts?

Last year: EUR _____

Estimated for the coming year: EUR _____

How many trucks are you operating?

Last year: _____

Estimated for the coming year: _____

3. DESCRIPTION OF OPERATIONS AND SERVICES:

Please indicate which services you are providing and wish to cover under this insurance and which part from your entire gross freight revenue these services represent:

Services and operations:	YES / NO	To which extent?
Road transport (own trucks)	YES / NO	
Freight forwarding	YES / NO	
NVOCC	YES / NO	
Warehousing (as main contractor)	YES / NO	
Ship agent	YES / NO	
Liner agent	YES / NO	

If your company is providing any other services than listed above please describe these operations separately:

4. GEOGRAPHICAL LIMITS:

Please indicate which of the following trading areas are describing your operations:

- ☐ European Union countries, Andorra, Lichtenstein, Norway and Switzerland
- ☐ Europe, but excluding CIS countries (Zone 2)
- ☐ Zone 2 + CIS countries up to a line of 40°E to the East (Samara – Kazan)
- ☐ Zone 2 + CIS countries
- ☐ Worldwide, but excluding areas listed by Joint War Committee and published at { [HYPERLINK "http://www.lmalloyds.com/Web/market_places/marine/JWC/Joint_War.aspx"](http://www.lmalloyds.com/Web/market_places/marine/JWC/Joint_War.aspx) }
- ☐ Other (please specify)

5. CONTRACTS:

Please indicate Standard Trading Conditions in use by your company:

- ☐ CMR Convention
- ☐ FIATA bills of lading
- ☐ CIM Convention
- ☐ LAFF or NSAB as agents only
- ☐ LAFF or NSAB as contracting carriers
- ☐ Other Standard trading Conditions (please enclose copy)

How do your clients aware about application of your Standard Trading Conditions?

6. CARGOES HANDLED:

Please indicate types of cargo handled by your company:

- | | |
|---|--------|
| <input type="checkbox"/> General cargo |% |
| <input type="checkbox"/> Project (heavy) cargo |% |
| <input type="checkbox"/> Bulk (liquid) cargo |% |
| <input type="checkbox"/> Containerized cargo |% |
| <input type="checkbox"/> Temperature controlled cargo |% |
| <input type="checkbox"/> Others (full details): |% |

Please indicate where you are handling one of below mentioned cargoes:

- ☐ Hardware, software
- ☐ TV-sets
- ☐ White and or any other consumer electronic goods
- ☐ Chewing gum
- ☐ Mobile phones
- ☐ Tobacco, cigarettes and/or tobacco based products
- ☐ Alcohol, beer, wine or alcoholic beverages
- ☐ Personal effects
- ☐ Motor vehicles
- ☐ Yachts and boats

7. SUBCONTRACTORS:

Do you use subcontractors for your services?

- ☐ Yes
☐ No

If **YES**, please answer questions below.
If **NO**, please proceed to section 8.

Do you have list of selected subcontractors?

- ☐ Yes
☐ No

Is it a requirement that your subcontractors:

- ☐ Have valid liability insurance checked by you?
☐ Assume at least same liability as you?
☐ Were otherwise financially checked by you?
☐ Are requested not to subcontract any other company?

Please brief any other relevant information regarding your policy regarding subcontractors.

8. COVER REQUIRED:

Is your liability currently insured?

- ☐ Yes
☐ No

Who is your current Insurer? _____

When is your current insurance expiring? _____

Please indicate maximum limit of indemnity preferred by you (for any one accident or occurrence):

Please indicate the amount of deductible preferred by you (for any one accident or occurrence):

Please indicate which cover is required by you (in accordance with MUS Logistics Protection program):

- ☒ Contractual liability for loss or damage to cargo (§ 4.1.1.1)
- ☐ Professional liability for errors and omissions (§ 4.1.1.2)
- ☐ Liability for consequential financial loss (§ 4.1.1.3)
- ☐ Legal liability in respect of third parties (§ 4.2.1)
- ☐ Liability in case of declared value (ad valorem) (§ 4.3.1)
- ☐ Liability for special interest in delivery (§ 4.3.2)
- ☐ Liability caused by gross negligence (§ 4.4.1)
- ☐ Liability for containers (§ 4.5.1)
- ☐ Liability for trailers (§ 4.5.1)
- ☐ Liability for tax and duty (§ 4.6.1)
- ☐ Liability for accidental pollution and damage to environment (§ 4.7.1)
- ☐ Liability towards principals in performing agency services (§ 4.8.1)
- ☐ Physical damage to own trucks or other equipment (§ 4.10)

COMPULSORY

8. LOSS RECORD:

Please provide us with formal loss record from your current Insurers or give us detailed list of claims made against your company showing date and nature of claims and the amounts claimed from you. Such record should be for three last years as a minimum.

SIGNED:

DATED: