**Please email 请发送电邮至** **:** itic@thomasmiller.com

|  |  |
| --- | --- |
| 1. Company Name 公司名称
 |       |
| 1. Address 地址
 |       |
| 1. Email 电邮
 |       |
| 1. Website 官网
 |       |
| 1. Telephone 电话
 |       |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed

贵司联系人的姓名和电邮 |       |
| 1. Insurance broker to whom quotation should be sent

应向其提供报价的保险经纪人 |  |
| 1. Company 公司名称
 |       |
| 1. Name 联系人
 |       |
| 1. Email 电邮
 |       |

**SECTION 1 – General information**

**第1部分——综合信息**

|  |  |
| --- | --- |
| 1. Date established 公司成立日期
 |      /     /       |
| 1. Name and address of any subsidiary, affiliated, associated companies or branch offices you wish to cover 您希望予以承保的任何子公司、附属公司、联营公司或分支机构的名称与地址
 |
| Name and Address 公司名称与地址 | Main Activity 主要经营范围 |
|       |       |
|       |       |
|       |       |
|       |       |
| 1. Number of Directors/Partners 董事/合伙人数量
 |       | Total number of staff员工数量 |       |
| 1. Names, positions, professional qualifications and number of years’ experience of Directors/Partners and Senior Managers. Please attach any relevant CVs.

贵司董事/合伙人和高级经理人的姓名、职位、专业资质和工作年限，请提供任何与此有关的简历介绍 |
| Names 姓名 | Positions 职位 | Professional qualifications 专业资质 | Number of years experience 工作年限 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Are you a member of any trade association? 贵司是否为任何行业协会的成员？*(If “Yes” please detail) （如是，请提供详细介绍）* |
|       |

**SECTION 2 – Gross annual income (fees and commission earned)**

**第2部分——年度总收入（所赚费用和佣金）***Please indicate currency e.g., US$ 请列明币种，如美元（$）*

|  |  |
| --- | --- |
| 1. Last financial year 上年度财务收入
 |       |
| 1. Estimate for this financial year 本年度预计财务收入
 |       |
| 1. Estimate for next financial year 下年度预计财务收入
 |       |
| 1. Of which estimated income from your country of domicile

其中来自您国内营业机构的预计收入 |       |
| 1. Please indicate the percentage of your gross annual income earned from the following activities to be insured:

请列明您需要承保的以下业务占全年总收入的百分比： |
|  Port agent  港口代理人 |       % | Liner agent 班轮代理人 |       % |
|  Bunker broker  燃油经纪人 |       % | Ship manager\* 船舶管理人 |       % |
|  Naval architect  造船工程师 |       % | Marine consultant 海事顾问 |       % |
|  Sale and purchase broker 船舶买卖经纪人 |       % | Chartering broker 租船经纪人 |       % |
|  Marine surveyor\*  船舶检验人 |       % |  |  |
|  Other activities for which insurance is required  其他需要承保的业务 |       % | (Please specify)（如有，请列明）       |

*\*(Please also complete a supplementary, sector specific, proposal form)*

*（请填写补充信息表格）*

**SECTION 3 – Principals**

**第3部分——委托人**

|  |  |
| --- | --- |
| 1. Please name the principals for whom you regularly act

请写明您通常提供服务的委托人公司名称 |       |
| 1. Do you have any financial interest in any of your principals companies?

您在委托人的公司里是否有任何经济利益？ | Yes [ ]  | No [ ]  |
| 1. Do your principals have any financial interest in your company?

您的委托人在您公司是否有任何经济利益？  | Yes [ ]  | No [ ]  |

**SECTION 4 – Contract conditions**

**第4部分——合同条件**

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under national or “standard contract conditions”?

贵司是否使用本国的合同条款或“标准合同条款”？ | Yes [ ]  | No [ ]  |
| 1. Do you operate under any form of “master service agreement”?

贵司是否有自己的合同条款？  | Yes [ ]  | No [ ]  |
| 1. If “Yes” to either of the above, do you always advise your customers that your standard contract conditions apply?

若以上问题回答任一为“是”，那么贵司是否一直告知客户该标准条款会被使用？*Please supply copies of all contract conditions under which you operate. If “Yes” to a) or b) please give details:**请提供所有贵司经营活动的合同范本。如果a或b的结果为“Yes”，请另附相关材料：* | Yes [ ]  | No [ ]  |
|       |

**SECTION 5 – Claims history**

**第5部分——理赔记录**

|  |  |  |
| --- | --- | --- |
| 1. 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?

在过去五年中，贵司是否曾经被人索赔，或者有任何情况可能会引起索赔？*If “Yes” please give details: 如“是”，请提供详细说明：* | Yes [ ]  | No [ ]  |
|       |
| 1. Has any insurer 是否有任何保险人：
 |  |  |
| 1. Declined to insure you

拒绝向您提供保险服务 | Yes [ ]  | No [ ]  |
| 1. Cancelled your insurance

取消提供给您的保险合同 | Yes [ ]  | No [ ]  |
| 1. Refused to renew your insurance

拒绝续保您的保险合同 | Yes [ ]  | No [ ]  |
| 1. Imposed penalties or special terms

强加惩罚性或特殊条款*If “Yes” please give details:* *如“有”，请提供详细说明：* | Yes [ ]  | No [ ]  |
|       |
| 1. Are you currently insured against the risks covered by ITIC?

贵司目前是否投保了类似ITIC可以承保的风险？*If “Yes”, answer the following. (If “No” please give details of most recent* *insurance*)如“是”，请回答下述问题。（如“不是”，请提供最近的保险情况说明） | Yes [ ]  | No [ ]  |
| 1. Name of insurer 保险人名称
 |       |
| 1. Limit of indemnity 赔偿限额
 |       |
| 1. Excess/Deductible 免赔额
 |       |
| 1. Premium 保费
 |       |
| 1. Expiry date 保险止期
 |       |
| 1. Retroactive date 追溯日期
 |       |

**SECTION 6 – Limits and deductibles**

**第6部分——限额与免赔额**

|  |  |
| --- | --- |
| Please indicate currency e.g. US$请列明币种，如美元$ |       |
| Please indicate any preferred limits or deductibles请列明您想要的限额或免赔额 |
|  | Limit 限额 | Deductible 免赔额 |
| Alternative 1 方案1 |       |       |
| Alternative 2 方案2 |       |       |

**SECTION 7 – Additional insurances available from ITIC**

**第7部分——ITIC可提供的附加保险**

Would you like details about any of the following?

您是否想要了解以下任何内容？

|  |  |  |
| --- | --- | --- |
| 1. Cash in transit and money insurance

在途现金和钱款保险 | Yes [ ]  | No [ ]  |
| 1. Debt collection for the legal cost of pursuing unpaid disbursements and commission

追讨未支付的费用以及佣金而产生的法律费用保险 | Yes [ ]  | No [ ]  |
| 1. Directors’ and officers’ liability insurance

董事和高管责任保险 | Yes [ ]  | No [ ]  |
| 1. Loss of commission insurance

佣金损失保险 | Yes [ ]  | No [ ]  |

**DECLARATION 声明**

I/We declare that to the best of my/our knowledge and belief, the information given above is true and provides a fair presentation of the risk I/we are asking ITIC to insure. I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter’s assessment or which would alert an underwriter to the need to make further enquiries).

我/我们在此保证，尽我/我们的知识和信念，以上给予的信息都是真实的，并就我们要求ITIC承保的风险提供了客观描述。我/我们并没有隐瞒或错误陈述任何重要事实。（重要事实指可能影响核保人进行风险评估，或者是可提醒核保人需要进一步调查的情况）。

Any insurance offered will be subject to the Rules of ITIC which are available at www.ITIC-insure.com or on request. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

所提供的任何保险都将受到ITIC规则的约束，关于规则的详细内容可参考网站：www.ITIC-insure.com 或直接询问相关人员。提请您注意规则1.1条，它列明了本保险合同除外“英国保险法案2015”的部分。

ITIC Ltd and Thomas Miller & Co Ltd (as the parent company of the managers) process all personal data in accordance with prevailing UK data protection legislation. If you would like to know more about our data privacy policy, please follow this link: <https://www.thomasmiller.com/cookie-privacy-policy/>

ITIC（国际运输中介人协会）和Thomas Miller & Co Ltd（托马斯米勒有限公司，为协会管理人的母公司）将按照英国一般数据保护规则来处理个人所有数据。如果您想了解我们在数据隐私政策方面的更多信息，请点击下述链接参考：<https://www.thomasmiller.com/cookie-privacy-policy/>

|  |  |
| --- | --- |
| **Signed: 签名：** | **Position in company: 签名人职位：** |
|       |       |
| **Date: 日期：** |  |
|       |

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

*本投保申请书需有权签订保险合同的人填写完成并签字盖章。*

**Please e-mail this completed form to** 请将填写完成的投保书发送至：

itic@thomasmiller.com