



# TTI Marine Surveyors Proposal form

Please mail or fax to Harbor America Specialty Brokerage • 21977 E. Wallis Drive • Porter, TX 77365  
 Contact Michael Hanuschak  
 Tel 1-866-636-2856 Fax 1-281-577-2684  
 Email [Michaelh@amemins.com](mailto:Michaelh@amemins.com) Web [www.hasbllc.com](http://www.hasbllc.com)

Company Name	
Address	
Email	VAT No
Telephone	Fax
Name of person at your company to whom correspondence should be addressed	
Insurance broker to whom quotation should be sent	

1 General Information *(If additional space is required please list separately)*

a. Date company established

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b. Names and addresses of any subsidiary, affiliated, associated companies or branch offices which you wish to include in the insurance:

Name and Address	Main Activity
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

c. Number of Directors/Partners Total number of staff  
*(including directors, surveyors and office staff engaged in providing services)*

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d. Names, positions, professional qualifications and number of years experience of your surveyors, including working partners and directors

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e. Are you a member of any trade association? *(If "Yes" please detail)*

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2 Income

Please estimate you gross annual fees, and indicate currency, e.g. US\$

a. Last financial year b. Previous financial year

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c. Estimate for forthcoming year

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Please estimate against the services you provide the percentage of annual fees provided by each category of client:

	<i>Percentage of annual fees</i>		<i>Percentage of annual fees</i>
Hull underwriters	<input type="text"/>	Ship owners/charters or their P&I Club	<input type="text"/>
Cargo underwriters	<input type="text"/>	CMR (road transport) underwriters	<input type="text"/>
Non-marine underwriters	<input type="text"/>	Quality control, Superintendence etc	<input type="text"/>
Other (brief description)	<input type="text"/>		<input type="text"/>

Please advise gross fees paid to sub-contractors, and indicate currency, e.g. US\$

d. Last financial year \_\_\_\_\_ e. Previous financial year \_\_\_\_\_

f. Estimate for forthcoming year \_\_\_\_\_

### 3 Principals

Please name the principals for whom you regularly act

Do you approve towage arrangements for ships, oil rigs, barges, offshore production facilities, or any other craft

YES NO

*delete as appropriate*

If "Yes", please indicate what percentage of your annual fees relates to towage approval works:

### 4 Trading Conditions and documentation

Do you use standard trading terms and conditions?

(if "Yes" – please provide a copy)

YES NO

Do you have any contracts or agreements with specific clients ?

(if "Yes" – please advise the name(s) of these clients and provide a copy of the contract or agreement)

YES NO

### 5 Claims History

a. 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?

YES NO

*delete as appropriate*

If "Yes" please give details on a separate sheet

b. Has any insurer

i. Declined to insure you ?

YES NO

ii. Cancelled your insurance ?

YES NO

iii. Refused to renew your insurance ?

YES NO

iv. Imposed penalties or special terms ?

YES NO

*delete as appropriate*

If "Yes" please give details on a separate sheet

c. Are you currently insured against the risks covered by ITIC?

YES NO

If "Yes", with whom?

*delete as appropriate*

### 6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1 Limit Deductible Please state currency

Alternative 2 Limit Deductible Please state currency

### 7 Quality Assurance

Have you obtained quality assurance accreditation

In accordance with BS5750/ISO9002?

YES NO

8 Please supply any literature about your company which is relevant to this proposal.

### DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the Club's assessment of the risk. We also understand that completion of this form does not bind either the Club or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with the Club.

Signed

Status of Signatory

Date

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