



**RISK MANAGEMENT INSURANCE BROKERAGE LTD.
FREIGHT FORWARDER LIABILITY INSURANCE "QUICK" QUESTIONNAIRE**

Company Information

Insured Name / Additional Name Insured (*Use separate page if necessary*):

Insured Address:

Contact Name:	E-mail:
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Title:	Tel:
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Date Company Established:	Fax:
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Total Number of Employees (by office):

Business Information

Association: List professional and trade associations of which you are a member:
 FIATA HAFFA IATA HKSTA Other:

Major Trading Areas and Percentage of Turnover:

USA	%	Central / South America	%
Europe	%	Africa	%
Canada	%	Middle East	%
Asia / Australia	%	Soviet Union	%

Commodities - Percentage of Annual Turnover (T/O):

General Cargo (New)	%	Refrigerated Cargo	%
Project Cargo	%	Dangerous Cargo	%
Electronics	%	Computers	%
Mobile Phones	%	Household Removal / Used	%

Traffic Mode	Estimated GFR / Turnover (US\$)	Estimated Freight Collect (US\$)	TEUs	Tons	% as Agent	% as Principal
Ocean						
Air						
Road/Rail/Truck						
Logistics/Warehouse						
Courier, etc						
Total						

Claims / Loss History (Preferably last 5 years)
Use Separate Page if necessary

Current Insurer / Expiration date / Limits and Deductibles:

Signature with Company Chop (Please complete and return by fax: +852-2527-7511 or email: itl@riskmgtgroup.com)

Name / Title: _____ Date: _____

I understand that the information provided will only be used by RMIB to obtain premium estimations. Any premium estimations provided are non-binding on the insurers until they have received and approved all the required documents including but not limited to a completed and signed application form, house bill of lading, etc.