EQUIPMENT INSURANCE PROPOSAL FORM

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to:

underwriting@atlas-insurancecover.com

Company name:	
Company address:	
E-mail:	Telephone:
Website:	Date Company Established:

Please provide details of Equipment to be Insured below:

Cargo Carrying Equipment (eg dry containers, tanks etc.)				
Type of Container	No. of Units	Value per Unit USD	Owned	Leased

Cargo Handling Equipment (eg gantry cranes etc.)					
Type	Function	Age	Insured value	Owned	Leased

Please provide Lease or Hire Agreement where applicable.

Please confirm the maximum value at risk at one location at any one time.

Claims History – Has the Company had any Losses and/or Claims in the last 5 Years? If yes, please provide details below:			
Year	Number	Total Amount	Details

In the forthcoming year, are there any plans to add to the present List of Equipment? If so, please provide details below:

Declaration and Signature

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not misstated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise insurers. We also understand that completion of this form does not bind insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance contract. By completing this proposal form we confirm that any business we conduct with A.T.L.A.S. is in accordance with all relevant money laundering, anti-financial crime and international economic or financial sanctions legislations.

Name: _____

Signed: _____

Position: _____

Date: _____