Trade Disruption Insurance

Proposal Questionnaire

01 / Business and insurance required

Complete electronically, save a copy and use N/A where not applicable. Attach continuation sheets with your company name and section reference. State the currency for every amount.

Full legal name of proposer and subsidiaries to be included

Registered address, registration number and country of incorporation

Contact name, position, email, telephone and company website

Business activities, sector, trading experience and countries of operation

Annual turnover, currency and financial year end; group turnover where relevant

Requested inception and expiry dates; annual programme or specific contract / project

Business interest to protect: e.g. trading margin, manufacturing earnings, freight or charter income

Describe the flow from supplier to customer. Identify dependencies by name, country and address where possible. Attach a supply-chain map and schedules for additional routes, suppliers and locations.

Goods / commodities / services, annual volumes, seasonal peaks and key delivery dates

Critical suppliers and customers, including relevant tiers: name, location, product and revenue share

Origins, destinations, transit countries, ports, terminals, canals and border crossings

Transport modes, carriers, pipelines / processing facilities and other essential infrastructure

Normal lead times, frequency of movements and maximum values / volumes in transit or storage

Single-source dependencies, concentration of income and time needed to replace each dependency

Describe the specific events for which cover is requested and how each would interrupt delivery or income. Listing an event is a request for assessment, not confirmation that it is insurable or covered.

Priority scenarios: event, affected dependency / location, cause of interruption and financial effect

Natural hazards, fire / explosion, accidents or failure of transport infrastructure - details if required

Port / waterway blockage, border closure, government action or licence / permit interference

Political violence, war, terrorism or other political risks requested - locations and exposure

Other requested triggers: e.g. industrial action, cyber, disease, supplier failure or regulatory change

Existing, threatened or foreseeable disruption, disputes, strikes, restrictions or route closures; dates and status

Explain how interruption would be managed and provide supporting plans / contracts. Insurers will assess each requested trigger, including any exclusions or restrictions, individually.

Business continuity plan, responsible team, latest test date and lessons learned

Buffer stock: days of supply by critical input; spare capacity and alternative inventory

Alternative suppliers, routes, ports and facilities; availability, lead times and extra costs

Recovery milestones and estimated time to resume partial and full operations

Contract terms: delivery obligations, Incoterms where relevant, force majeure and termination rights

Penalties, liquidated damages, take-or-pay or financing obligations; amounts, caps and triggers

Attach management accounts, forecasts and a worked loss scenario. Define the earnings basis used. Avoid double counting lost earnings, extra costs, saved expenses and recoveries.

Turnover and earnings at risk by dependency / route; daily / monthly amounts and calculation basis

Worst credible disruption: expected duration, sales lost, costs saved and net earnings impact

Extra expense estimate: rerouting, expedited freight, alternative sourcing, storage and mitigation

Contractual penalties / liquidated damages or additional finance costs requested; calculations

Requested limit per event, aggregate limit, sublimits and currency; explain limit selection

Preferred waiting period / time excess, monetary retention and maximum indemnity period

Seasonality, catch-up sales, alternative income and other assumptions used in the loss model

Include insured and uninsured events. Provide a five-year record or state NIL. Additional insurer-specific questions, financial analysis and risk surveys may be required.

Current insurers / policies: property BI, contingent BI, cargo, political risk, cyber and other related cover

Existing limits, waiting periods, excesses, key exclusions and renewal dates; potential overlaps / gaps

Disruptions / losses in the last five years: date, cause, dependency, duration, gross loss and recoveries

Outstanding claims, incidents likely to cause loss and mitigation / improvements after past events

Any cover declined, cancelled, refused renewal or offered on special terms? Explain

Risk monitoring, supplier checks, licences / permits and compliance controls for relevant trade routes

This is an initial proposal questionnaire for underwriting assessment. It is not a policy wording or an offer of cover. A separate supporting schedule is not required if equivalent information is attached.

Please attach where available: supply-chain map; key supplier / customer / location and route schedules; relevant contracts; business continuity plan; accounts / management forecasts; financial loss scenarios; and five-year disruption / claims record.

Additional material information, unusual exposures and attachment list

Declaration

I confirm that I am authorised to provide this information for the proposer. To the best of my knowledge and belief, after appropriate enquiries, the answers and attachments are accurate and complete. I have included relevant known or threatened disruptions and will notify ICOR of material changes before cover is agreed.

Trade disruption cover is bespoke. Triggers, financial loss definitions, dependencies, waiting periods, limits and exclusions must be expressly agreed with insurers. Requested extensions, including penalties or non-physical damage events, are not automatically covered.

Submission of this questionnaire does not bind insurance. Cover starts only when expressly confirmed by the authorised broker or insurer, subject to agreed terms. Save the completed form and return it with supporting documents using the agreed submission method.

Authorised representative - full name and position

Signature / typed name (confirmation of declaration)

Date