

M58 Distribution Centre Gillibrands Road Skelmersdale Lancashire WN8 9TB Email: traffic@ukiexpress.com Web: www.ukiexpress.com







Hauliers Details Required

Company Name:	
Address:	
Tel:	
Fax:	
24 Hour Operational Contact I	No:
Email for Accounts:	
Email for Transport/Operation	s:
Company Bank Account Name	e:
Account Number:	
Sort Code:	
Registration Number:	
VAT Number:	
Completed By:	
Signature & Date	

Contact: European Department: Mr. Chris Hall chall@ukiexpress.ocm

UK Domestic Department: Mr. Geoff Birch geoffb@ukiexpress.com
Accounts Department: Mrs. Tina McAlister tinam@ukiexpress.com
Till 1005 551000 5 501000 5 501000

Telephone 01695 551000 or Fax 01695 551003



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Insurance Questionnaire

(Completing this confirms you will abide by UKI terms and conditions)

1.	Do you have a current insurance policy for it consequential loss to cargo?	s liability for YES /	r loss, o NO	damage and
2.	Does the policy cover their liability as outline	d in the Sul	b Cont	ractors Agreement
		YES	1	NO
3.	Does the policy cover subcontracting	YES	1	NO

Policy Details - Logistics / Goods in Transit

Insurers name	
Policy number	
Period of cover	
Limit of liability	
Limit any one vehicle/conveyance	
Limit for consequential loss	
Geographical limits	
Excluded cargo/goods	
Policy Excess/Deductible	
Specific policy terms	

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Employers Liability

Insurer				
Policy Number				
Period of Cover				
Limit of Indemnity				
Territorial Limits				
Public Liability				
Insurer				
Policy Number				
Period of Cover				
Limit of Indemnity				
Territorial Limits				
Completed by/Name				
On Behalf of/ Company				
Signature				
Date				
Please attach copies of the following: Tick				
 Company Letterhead]			
Operators Licence	[
GIT Insurance				
 Employers & Public Liability 	ity Insurance			

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