



ZURICH[®]

Port Operator Liability Insurance

Proposal form

Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the policyholder listed and all subsidiary companies of the policyholder for which coverage is proposed under this proposal.
4. The terms policyholder and subsidiaries have the same meaning in this proposal form as in the policy.

Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

1 Proposer

Name of proposer

Address

Postcode

Telephone

Facsimile

Email

Website

Insurance contact

2 Additional corporate information

It would assist us if you would also attach (tick relevant attachment):

☐ Annual Report ☐ Standard Conditions of Service* ☐ Corporate Brochure ☐ Port Hand Book

* If you use a number of different forms/conditions for various services/facilities, please provide copies of all such forms/conditions.

Please specify the full title of any Statute or other Legislation that governs operations at your Port

Please confirm ISPS Code compliance at your Port

Yes ☐ No ☐

Please provide names of related companies that you wish to be named in the insurance policy

Name	Type of services	Relationship (Subsidiary, JV or Other)

3 Description of port facilities & services provided

1. Marine facilities

Number of facilities

Description	Operated* by you	Leased to others
General Cargo Berth		
Container Terminal		
Ro Ro Berth		
Car Terminal		
Dry Bulk Terminal		
Oil & Gas Terminal		
Other Wet Bulk Terminal		
Livestock Facilities		
Passenger/ Cruise Terminal		
Passenger Ferry		
Pleasure Craft Marina		
Dry Dock Facility		
Ship Repair Facility		
Port Craft Berth		

* Please indicate whether owned or leased by you.

3 Description of port facilities & services provided (continued)

2. Land based facilities

Number of facilities

Description	Operated* by you	Leased to others
Inland Container Depot		
Container Freight Station		
Warehouse – dry		
Refrigerated Warehouse		
Intermodal Rail Depot		
Air Freight Depot		
District centre		
Administration Centre		
Weighbridge		
Incinerator		
Bulk Storage Facilities		
Other		

* Please indicate whether owned or leased by you.

3. Other services

Please indicate those services you provide or subcontract* to others

Description	Yes	Subcontractor	No
Pilotage			
Tugs			
Marine Traffic Control			
Navigation incl.			
Security			
Emergency Services			
Pollution Response			
Dredging			
Bunkers/Fuel Supply			
Ferry Operator			
Local Delivery & Collection			
Long Distance Haulage			
Freight Forwarding			
Distribution Service			
Ships Agency			
Wreck Removal			
Car Preparation			
Waste Disposal			
Ships Garbage Removal			
Port Operations Consultancy/Advisory Service (Please describe nature of service)			

3 Description of port facilities & services provided (continued)

3. Other services

Please indicate those services you provide or subcontract* to others

Description	Yes	Subcontractor	No
Landfill			
Dump Sites			
Other (Please describe nature of service)			
Utilities Provider			
Power/Water/Sewerage			

*Please provide name(s) of principal contractors engaged by you. Copies of material contracts may be required.

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Have you agreed with any of your contractors to:

Limit or exclude their liability? Yes (in whole) ☐ Yes (in part) ☐ No ☐

Limit or exclude your liability? Yes (in whole) ☐ Yes (in part) ☐ No ☐

Be indemnified by them in respect of your liability? Yes (in whole) ☐ Yes (in part) ☐ No ☐

Indemnify them in respect of their liability? Yes (in whole) ☐ Yes (in part) ☐ No ☐

If your answer is 'Yes', to any of the above questions please provide further details

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4 General activities

Industrial/Commercial Development Yes ☐ No ☐

Recreational Activities

Public boat ramps Yes ☐ No ☐

Beachwalking Yes ☐ No ☐

Parks Yes ☐ No ☐

Playgrounds Yes ☐ No ☐

Shops & restaurants Yes ☐ No ☐

Car Park Yes ☐ No ☐

Helicopter Landing Yes ☐ No ☐

Other* (please describe nature of activity) Yes ☐ No ☐

* Please specify under this section if any form of motor water sport (eg. jet-skis, power boating or water skiing) or paragliding or similar activities take place within your Port waters.

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5 Port throughput / Revenue

	Last year	This year	Next near forecast
General TEUs handled			
Reefer TEUs handled			
Tank TEUs handled			
TOTAL TEUs			
Breakbulk Tonnes			
Refrigerated Breakbulk Tonnes			
Wet Bulk Tonnes			
Dry Bulk Tonnes			
TOTAL TONNES			
Cars			
Passengers			
Livestock			
REVENUE			
Landlord (leading)			
Port – Operational			
Consultancy			
Other (please state)			
GROSS REVENUE			

6 Employee information

Number of Employees:

Managerial	
Administrative	
Operational	
Other (please specify)	
TOTAL	

Are the cargo handling workers:

- ☐ Employed directly by you
 ☐ Employed by a sub-contractor
- ☐ Employed by a tenant
 ☐ Hired from a port labour pool

7 Customer contact information

Please indicate the form of contract with your customer:

- ☐ None
 ☐ Standard Conditions of Service
- ☐ Individual Customer Agreements
 ☐ Port Tariffs or By Laws
- ☐ Standard Lease Agreements
 ☐ Other (please specify)

Please indicate the Standard of Liability under these contracts:

- ☐ Limited liability in negligence
 ☐ Unlimited liability in negligence
- ☐ No liability
 ☐ Other (please specify)

Apart from as specified in Q3 of part 3 above

7 Customer contact information (continued)

Have you indemnified any third party under any other contract?	Yes (in whole) ☐	Yes (in part) ☐	No ☐
Have you waived your rights of recourse against any other party?	Yes (in whole) ☐	Yes (in part) ☐	No ☐
Have you limited your liability under contract against any other party?	Yes (in whole) ☐	Yes (in part) ☐	No ☐
Have you agreed that any other party may limit its liability against you?	Yes (in whole) ☐	Yes (in part) ☐	No ☐

If your answer is 'Yes', to any of the above questions please provide further details

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8 Insurance & Claims history

Please indicate:

Insurance

Please provide the following information:

Current renewal date / /

Current Limit(s) of Liability

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Current deductible(s)

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Current insurer

Current premium

Have you at any time been refused similar insurance or been quoted increased premiums or had special terms imposed? Yes ☐ No ☐

If your answer is 'Yes', please provide details

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Has the Port (within the past five years) been subject to any investigation by any regulatory authority in relation to any alleged pollution or occupational health and safety matters and, if so, have any proceedings been brought as a result of such investigation?

Yes ☐ No ☐

If your answer is 'Yes', please provide details

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Do you require any of the following Optional Extensions?

Tenant's Legal Liability Yes ☐ No ☐

Consultancy Services Yes ☐ No ☐

Berth and/or Port Blockage Yes ☐ No ☐

Infringement of Personal Rights Yes ☐ No ☐

Port Vessels (including Hull & P&I) Yes ☐ No ☐

Claims

Please provide your claims history for the past five years. Details should include the type of claim (whether settled, rejected or pending), the value of the claim (estimated & paid) and should include below deductible claims.

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9 Declaration

I/We authorise Zurich Australian Insurance Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

Name of proposer (print)

Signature of proposer

Date / /

No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Zurich Australian Insurance Limited.

Office use only

Intermediary

Premium
\$

Agent No.

Special Conditions