Ship Repairers Liability Insurance

ZURICH

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.

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1 Proposer

Name

Address Postcode

Website address

How many years has the business been in operation?

Please provide details of the principal's ship repairing experience

2 Period of cover required

From AEST 4pm / / To AEST 4pm / /

3 Cover options

Indicate limit of indemnity required $

Please indicate ✔ if you require any of the following additional optional benefits **(please note a request to include any additional optional benefits may attract additional premium)**

Extended hotwork

Yes ◯ No ◯ If 'Yes', please advise details of the types of hotwork undertaken and attach a copy of your safety procedures and protocol

Other work

Yes ◯ No ◯ If 'Yes', please provide details of other work performed

Warranty/maintenance guarantee

Yes ◯ No ◯ If 'Yes', please attach a copy of your Warranty/Maintenance Guarantee Contract and your standard terms and conditions

Worldwide services

Yes ◯ No ◯ If 'Yes', please provide full details of all countries in which you perform ship repairing work

4 Business details

Please provide a general description of the nature of your ship repair operations

Do you provide your services at specific premises? Yes ◯ No ◯ If 'Yes', please provide address details

Do you own or lease the premises? Own ◯ Lease ◯

Are you the sole occupier of the premises? Yes ◯ No ◯ If 'No', please provide details of other occupants

Do you use the premises for any purpose other than ship repairing? Yes ◯ No ◯ If 'Yes', please provide details

5 Business premises

Please provide a general description of the facilities you use in the course of your ship repairing business and indicate whether you own or lease facilities.

Facility	Description
Buildings (construction and use)	
Slipway (capacity)	
Berths/jetties/pontoons (number of each)	
Floating dock (capacity)	
Cranes, forklifts (capacity)	
Travel lifts etc (capacity)	
Cradles (capacity)	
Car parks (number of spaces, marked bays?)	
Other (eg retail premises)	

Are the premises securely fenced? Yes ◯ No ◯

Is there a monitored security alarm or a security surveillance service? Yes ◯ No ◯ If 'Yes', please provide details

Are the premises connected to a mains water supply? Yes ◯ No ◯

Please provide details of the fire fighting equipment on the premises including the number and type of fire extinguishers

Do you have a pollution disaster plan and/or pollution containment equipment? Yes ◯ No ◯ If 'Yes', please provide details

6 Business operations

Is smoking by employees permitted 'on site' or on watercraft? Yes ◯ No ◯

Please provide a specific description of the type of work you perform including the percentage of overall work

Type	Description	%
Hull		
Electrical		
Mechanical/engine repair/maintenance		
Hotwork - **please advise the types of hotwork undertaken and attach a copy of your safety procedures and protocol**		
Spray painting		
Rigging		
Other		

Do you build new watercraft? Yes ◯ No ◯ If 'Yes', please provide details

Do you undertake structural conversions of watercraft? Yes ◯ No ◯ If 'Yes', please provide details

Is any work performed away from your premises? Yes ◯ No ◯
If 'Yes', please provide details and advise proportion (%) of your overall work

Do you perform work on watercraft whilst operating at sea? Yes ◯ No ◯
If 'Yes', please provide details and advise proportion (%) of your overall work

Do you remove watercraft from the water in the course of your business? Yes ◯ No ◯
If 'Yes', please advise frequency and details of equipment used

Do you handle dangerous goods in the course of your business? Yes ◯ No ◯
If 'Yes', please provide details including structure and location of dangerous goods store

Do you manufacture or produce any products? Yes ◯ No ◯ If 'Yes', please provide details

Do you sell, supply, distribute, import or export any products?
(please note liability caused by or arising from these products will not be insured under a Ship Repairers Liability Policy) Yes ◯ No ◯ If 'Yes', please provide details

6 Business operations (continued)

Do you hire equipment on a temporary basis (up to 120 days)? Yes ◯ No ◯ If 'Yes', please provide details

Please provide details of all watercraft worked upon

Vessel type	Maximum value $	Maximum GRT/length	% of total business
Tourist/charter	$		
Pleasurecraft	$		
Commercial fishing	$		
Coastal/ocean going	$		
Navy/defence force	$		
Oil rigs and the like	$		
Other	$		

Please provide details of your workforce

Description	Number	% of gross charges
Employees		
Subcontractors		
Labour hire		
Other		

Are subcontractors required to hold and provide evidence of their own liability insurance? Yes ◯ No ◯

Please provide a breakdown of your gross charges (including work performed by your subcontractors)

Description	Estimated – next 12 months
Ship repair activities	$
Other work	$

7 Contracts

Do you offer your services under terms other than standard terms and conditions or similar terms of contract? Yes ◯ No ◯

If 'Yes', please attach a copy

Do you offer your services under terms other than under standard terms and conditions, (ie long term, defence or other specialist contracts)? Yes ◯ No ◯

If 'Yes', please provide details and attach a copy of all relevant contracts

If you do not have standard trading conditions or similar terms of contract, are you interested in receiving our assistance to establish your standard terms of contract? Yes ◯ No ◯

Are you interested in receiving our assistance in recommending procedures to incorporate your standard terms and conditions into your relationship with your customer? Yes ◯ No ◯

8 Claims experience

In the past five years, have any claims (insured/uninsured) been made against you? Yes ◯ No ◯ If 'Yes', please provide details

Have any incidents occurred which would be a claim under the policy now being applied for? Yes ◯ No ◯ If 'Yes', please provide details

Are there any claims or actions pending or outstanding against you? Yes ◯ No ◯ If 'Yes', please provide details

9 Prior insurance

Name of your current or prior insurer and due date for renewal

/ /

Has any insurer ever declined insurance or imposed special conditions? Yes ◯ No ◯ If 'Yes', please provide details

Has any insurer ever cancelled or refused to renew your insurance? Yes ◯ No ◯ If 'Yes', please provide details

10 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	

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