

Proposal Form for Marine Trades Public & Products Liability Application

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with the insurers, you have a duty, under both the Insurance Act 1984 and the Marine Insurance Act 1909, to disclose to the insurer every matter that you know or could reasonably be expected to know which is relevant to the insurer's decision to accept the risk and on what terms. You have the same duty of disclosure before you renew, vary, extend or reinstate a contract of general insurance.

Your duty does not require you to disclose matters:

- that diminish the risk to be undertaken by the insurer;
- that are of common knowledge;
- that your insurer knows, or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure:

Where the Marine Insurance Act 1909 applies

The insurer may avoid the contract from inception

Where the Insurance Contracts Act 1984 applies

The insurer may be entitled to reduce our liability under the contract in respect of a claim, or, in certain circumstances, may cancel the policy or declare it never existed because it was not properly entered into. If your non-disclosure was fraudulent, the insurer may also have the option of avoiding the contract from the beginning.

IMPORTANT NOTICES

1. Claims

The Policy does not provide cover in relation to events that occurred before the contract was entered into.

2. Excess

An excess is the sum of money we will not pay in respect of a claim. The Schedule and the Policy details the Excesses which may be applicable.

3. Acceptance of the Application

This insurance will not be in force until the completed Application has been received and the risk accepted by the Company. The Company reserves rights to decline any Application.

4. The way we handle your Personal Information

We collect personal information from you for the purpose of providing you with insurance products, services, processing and assessing claims. You can choose not to provide this information, however, we may not be able to process your request.

We may disclose information we hold about you to other insurers, an insurance reference service or as required by law. In the event of a claim, we may disclose information to and/or collect additional information about you from investigators or legal advisors.

If you wish to update or access the information we hold about you, contact us.

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1. APPLICANTS

The date you would like your policy to start*		The expiry date of your policy will be 4.00 p.m on*	
Name/s (include "Trading As" if applicable)*			
Postal address*			
E-mail address*			
Website address		Business telephone no.	
Business or occupation*		Years in business	ABN
List all location address/es from which you operate, including postcodes			
Other interested parties			
Postal address/es			

2. THE BUSINESS

Please note your gross turnover from your business for the last financial year (\$)*	
Estimated gross turnover for the next 12 months (\$)*	
Do you engage subcontractors?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you obtain evidence of liability insurance from subcontractors* <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of qualified tradesmen employed by you*	

Please indicate percentages (where applicable) which form part of the business.

a) Repairs and alterations (%)		b) Maintenance work (%)	
c) Installation work (%)		d) Fit-out and refurbishment (%)	
e) Painting and anti-fouling (%)		f) Rigging (%)	
g) Detailing, cleaning and water blasting (%)		h) Hauling and/or lifting, operator of lifting / carrying equipment (%)	
i) Slipping, slipway / dry dock operator (%)		j) Launching and sea trials (%)	

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k) Fuelling (%)		l) Berth / mooring owner / provider and occupier (%)	
m) Premises occupier (%)		n) Provision of social / sports club canteen, first aid / medical / fire (%)	
o) Maintenance of premises or ambulance services (%)		p) Car park operator (%)	

If you undertake any of the following services and operations, please indicate percentages (where applicable) relating thereto that you wish to insure. The following services are not automatically insured and may be subject to additional terms and conditions and / or payment of an additional premium.

q) Hot work (%)		r) Storage (%)	
s) Landlord (%)		t) Provision of utilities (%)	
u) Brokerage and/or agency (%)		v) Retailer of chandlery and boating equipment (%)	
w) Chartering (%)		x) Provision of weather and boating information (%)	
y) Bar, club and restaurant operator (%)		z) Catering (%)	

Any other services or operations undertaken not specifically stated above, must be declared below if you wish to insure for such services and operations. Please note that any such services and operations are not automatically insured and may be subject to addition terms and conditions and / or payment of an additional premium if we agree to provide cover.

3. LOSS PREVENTION, SAFETY AND SECURITY

If you operate more than one location, please supply the additional information as an attachment.

Do you operate more than one location?* Yes No Are the premises?* Owned Leased

If others are occupying any of the premises owned or leased by you, please describe their business activities

Are the premises fully fenced?* Yes No Do you employ 24-hour security staff?* Yes No

Do the premises have an intruder alarm?* Yes No When was the last risk survey conducted at the premises? MM / DD / YYYY

Are there any outstanding recommendations?* Yes No What distance is the nearest Fire Station?*

Please attach a copy at the end of the form of the most recent risk survey if available

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Number of fire hydrants in close proximity to premises*		Number of fire extinguishers and hoses on premises*	
Do the premises have any sprinkler systems?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are your fire precautions and equipment inspected annually by a third party?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are gas freeing operations carried out at the premises, and if so, who performs the gas freeing certification work?			
Do you engage in hot work?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuelling pipes	Number		Total capacity
	Location of pipes		
Do you undertake any spray painting?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you discharge or dispose of trade wastes, smoke, soot, fumes, liquids, gases or other substances into the atmosphere, sewers, watercourse or elsewhere?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a business continuity plan?* <i>Please attach a copy at the end of the form.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. WATERCRAFT SPECIFIC INFORMATION

Description of watercraft services by you or using your facilities:

Construction			
Maximum length		Tonnage	Maximum value
Maximum number any one time		Maximum value any one time	
Commercial watercraft (%)		Private watercraft	
If storage of watercraft is provided, please provide details of storage area, security in place and maximum number and maximum value of watercraft stored at any one time.			

5. PRODUCTS LIABILITY

Do you sell any watercraft?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum value of watercraft held by you for sale (\$)*	
Radius of use from premises during demonstration*			
Do you insist that purchasers obtain an independent survey prior to sale?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell any chandlery or other watercraft products?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Do you export any products to the United States or Canada or their protectorates or territories?*

Yes No

Please note other countries products are exported to or imported from:

Exported

Imported

If you manufacture your own products, please provide details including who designed or formulated them

Are the finished manufactured products subject to any Australian Standards Association codes or relevant international codes?*

Yes No

Please describe methods of quality control adopted by you

You will need to upload the following documents at the end of this application: Product brochures in respect of products manufactured by you

6. CONTRACTUAL RELATIONSHIPS

Do you incorporate any of the following contractual agreements or similar into your dealings with your customers:

Please provide copies of all these agreements including any not noted below

Standard terms and conditions Slipway agreements Customer specific contracts

Racing / training disclaimers Standard subcontractor agreements Products sales invoice

Storage agreements Watercraft bill of sale Berth / mooring agreements

Have these contractual agreements been signed off or drafted by your solicitors, or are they based on standard terms published and recommended by recognised industry bodies?*

Yes No N/A

If you do not operate under any contractual agreements in relation to a specific service you provide, please provide us with your reasons for doing so

In respect of any products or watercraft distributed by you, but not manufactured by you, do you enforce any warranties or guarantees against the original supplier?

Yes No

You will need to upload the following documents at the end of this application: Please provide copies of any contractual agreements used with your customers.

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7. INSURANCE

Please indicate level of cover sought:

Public Liability \$5m \$10m \$20m Other Products Liability \$5m \$10m \$20m Other

Policy cover for storage, cargo or other property removed from watercraft is limited to \$100,000. If you wish to request an increase in this limit, please indicate amount sought

You also have the option of insuring for optional additional cover, please indicate if you require:

Fines and penalties – Policy limit: \$1m Faulty workmanship – Policy limit: \$25,000 Warranty / guarantee obligations – Policy limit: \$25,000

8. GENERAL

Please advise who your current insurer is

When does your current insurance policy expire

Please provide full details of all losses or claims (whether insured or not) over the last 5 years

Current year (Date of loss, Brief description, Gross amount and Status)

Previous years (Date of loss, Brief description, Gross amount and Status)

9. SUPPORTING DOCUMENTS

Has any insurer at any time:

Declined your proposal for insurance?* Yes No Cancelled or refused to renew your policy?* Yes No

Imposed special conditions / rates as a result of your policy history?* Yes No

Are there any other relevant facts to the risk to be insured which you should disclose to enable a true assessment of your application before acceptance?* Yes No

Please attach all supporting documents required:

Section 4 – Please provide product brochures in respect of products manufactured by you
Section 5 – Please provide copies of any contractual agreements used with your customers.

Note: you can also email required attachments to Simone.wells@oceanicmarinerisks.com.au

I / We declare that: a) To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.*