

Ship Repairers Proposal

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker Company Individual

A Applicant details

1. Company name

2. Principal address

3. Website address

4. Type of business

B Cover required

1. Limit of Indemnity

 NZD

2. Deductible

 NZD

3. Period of Insurance

From 4pm

 / /

To 4pm

 / / 

C Optional extensions

Please indicate whether you want any of the following optional extensions to be covered.

- (a) Detention Yes No (b) Other Work Yes No
- (c) Personal Injury Yes No (d) Travelling Workmen Yes No
- (e) Maintenance Guarantee Yes No

D Business details

1. How long has the company been in business?

2. What is the principal's experience?

3. Location of yard/premises

4. Are you the sole occupier of these premises?

Yes No

If 'No', please give full details.

5. Is public access to the site restricted?

Yes No

6. Please provide a description of repairs carried out.

		Repairs carried out
(a)	Hull	<input type="text"/>
(b)	Electrical	<input type="text"/>
(c)	Mechanical	<input type="text"/>
(d)	'Hot Work'	<input type="text"/>
(e)	Other	<input type="text"/>

7. Description of vessels

(a) What type of vessels do you work on?

(b) What is the maximum length of vessel worked on?

(c) What is the average length of vessel worked on?

(d) What is the highest value of vessel worked on?

(e) What is the average value of vessel worked on?

(f) What is the maximum GRT?

(g) What is the average GRT?

8. Please describe the facilities available, including capacities (eg sizes and tonnages) where applicable.

(a) Slipway

(b) Floating docks

(c) Cranes, travel lift, fork lifts

(d) Dry docks

(e) Cradles

(f) Ship repairs

(g) Other facilities

9. Details of people employed by you who are involved in ship repairing

		Number	Experience
(a)	Qualified tradesmen		
(b)	Apprentices		

10. Safety

- (a) Do you have a Dangerous Goods Store? Yes No
- (b) Do you use a slipway for launching? Yes No
- (c) Do you use a crane or similar for launching? Yes No
- (d) Do you use an outside crane contractor? Yes No
- (e) Are there 'No Smoking' signs in the work areas? Yes No
- (f) Is smoking by employees permitted 'on site' or on vessels? Yes No
- (g) Do you store fibreglass resins on site without being in a Dangerous Goods Store? Yes No
- (h) Are the premises under surveillance by a contract security firm? Yes No
- (i) Is there a monitored alarm system? Yes No

11. Are subcontractors used? Yes No

If 'Yes', please explain what arrangements are made to ensure they have adequate liability cover.

12. How many jobs were handled last year?

13. Do you undertake work on a subcontract basis?

Yes No

14. Do you undertake work outside of core ship-repairing operations?

Yes No

If 'Yes', please complete and attach a Ship Repairers Combined General Liability Supplementary Questionnaire. Tick to indicate enclosure.

Enclosed

15. Do you undertake work away from your premises?

Yes No

If 'Yes', please provide full details.

16. Do you have any ongoing contracts with certain parties?

Yes No

If 'Yes', please provide details and attach a copy of relevant contracts. Tick to indicate enclosure.

Enclosed

17. What are your gross receipts from the following income-generating areas?

		Actual - last financial year	Estimate - current financial year
(a)	Slipway	NZD	NZD
(b)	Floating docks	NZD	NZD
(c)	Cranes, travel lifts, fork lifts	NZD	NZD
(d)	Dry docks	NZD	NZD
(e)	Cradles	NZD	NZD
(f)	Ship repairs	NZD	NZD
(g)	Other income	NZD	NZD

E Claims experience

1. In the past five years, have any claims been made against you or have any incidents occurred which would give rise to a claim under the policy now being applied for?

Yes No

If 'Yes', please provide full details.

2. Are there any actions pending or outstanding?

Yes No

If 'Yes', please provide full details.

F Prior insurance

Has any insurer, at any time:

- (a) declined your proposal? Yes No
- (b) cancelled or refused to renew your policy? Yes No
- (c) increased your premium rates at renewal? Yes No
- (d) required you to bear the first part of any loss or imposed any special conditions? Yes No

If 'Yes' to any of the above, please provide full details.

G Enclosures

- 1. Please supply a copy of your standard contract or conditions of repairs and tick to indicate enclosure. Enclosed
- 2. If you have any ongoing contracts with certain parties, please provide a copy of such contracts (ref. question D16 above). Tick to indicate enclosure. Enclosed

Declaration

I/We declare, on behalf of all proposed insureds, that:

- a All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- b If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- c I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- d QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- e I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant Date

Printed name Phone

Position Mobile

Email address

PRINT