



Marine & General Liability

PROPOSAL FORM

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Liberty
Specialty Markets



CLAIMS MADE INSURANCE

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth) to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

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

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

PRIVACY NOTICE

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

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Liberty collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal information Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

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When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient, please include attachments on your company letterhead.

1. THE INSURED

a) Full name of proposed Insured including subsidiaries

Company Name	ABN	% Input Entitlement	Tax	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) Postal address

Street	City
State	Country
	Postcode

c) Full description of your operations and activities.

d) Number of years in continuous business

2. PERIOD OF INSURANCE

From:	/	/	at 4pm Local Standard Time
To:	/	/	at 4pm Local Standard Time

3. LIMIT OF INDEMNITY

What Limit of Indemnity is required?

\$5 million
 \$10 million
 \$20 million
 Other

4. DETAILS OF PREMISES, FACILITIES AND WORK PERFORMED

a) Details of premises occupied for the purpose of conducting the Business (including overseas locations)

Location	Construction	Age	Fire & Burglary Protection	Owned or Leased
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

b) Details of facilities

Facilities	Yes/No & Qty	Location 1 (as per a) above)	Location 2 (as per a) above)	Location 3 (as per a) above)
		E.g. Yes / 2	E.g. No	E.g. Yes / 5
Slipway	Yes/No & Qty	_____	_____	_____
Dry Dock	Yes/No & Qty	_____	_____	_____
Floating Dock	Yes/No & Qty	_____	_____	_____
Work Barges	Yes/No & Qty	_____	_____	_____
Cranes/Cradles	Yes/No & Qty	_____	_____	_____
Moorings	Yes/No & Qty	_____	_____	_____
Fuel Storage	Yes/No & Qty	_____	_____	_____
i. On or over water?	Yes/No & Qty	_____	_____	_____
ii. Land based?	U/G or Above & Qty	_____	_____	_____

c) Type of work performed

	Yes/No	% of Revenue	% of Revenue for Work Performed Away from Your Premises
Marine – Repairs, Maintenance & Service			
i. Vessels	_____	_____	_____
i.i Structural repairs to hulls	_____	_____	_____
i.ii Electrical repairs to hulls	_____	_____	_____
i.iii Mechanical repairs to hulls	_____	_____	_____
i.iv Installation / electrical / or fitting out of motors	_____	_____	_____
ii. Wharves, Jetties, Piers, Seawalls, etc.	_____	_____	_____
iii. Other – Please describe	_____	_____	_____
	_____	_____	_____
Marine - Manufacturer			
iv. Vessels <10 metres	_____	_____	_____
v. Vessels >10 metres	_____	_____	_____

vi. Other Products used in vessels – Please describe

Non Marine Work (please describe)

5. **QUALITY CONTROL AND RISK MANAGEMENT**

a) **Quality Assurance**

- i. Do you have ISO or other Industry accreditation? Yes No
 If Yes, please attach copy of certificate.
 If No, please detail your formal internal QA procedures or the Australian or Industry Standards you work to.

b) **Pollution**

- i. Are you required to hold EPA or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes No
 If Yes, please provide details.

- ii. Does your use and storage of all toxic, dangerous and hazardous substances or waste comply with all statutory regulations and by-laws? Yes No

iii. Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.

c) **Sub Contractors – Workers on Site**

- i. Is there a formal site induction for Sub Contractors or other Workers at your premises or worksite? Yes No
- ii. Do you request evidence of Liability Insurance from your Sub Contractors? Yes No

d) **Hotwork**

- i. Do you perform hotwork? Yes No
- ii. If yes, is all work performed to Australian Standard 1674 “Safety in Welding and Allied Processes” Yes No

- iii. Is there a fire watch on each side of the bulkhead being welded? Yes No
- iv. Hotwork on vessels not previously engaged in carrying hazardous cargos. Yes No
- v. Hotwork on vessels previously engaged in carrying hazardous cargos Yes No
- vi. Any Hotwork undertaken or away from your premises? Yes No

If Yes, please provide further details.

e) **Contractual**

- i. Do you have standard contractual conditions of work? Yes No
If Yes, please attach a copy.
- ii. Are these conditions used in every instance? Yes No
- iii. Do you enter into agreements whereby you assume liability under contract or hold other parties harmless? Yes No

If yes, please provide full details and attach copies of all agreements.

6. ESTIMATED REVENUE, PAYROLL, SUB CONTRACTOR AND LABOUR HIRE PAYMENTS

a) **Revenue**

- i. What is your estimated gross annual revenue for the forthcoming year? \$ _____
- ii. What was your gross revenue last year? \$ _____

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Number of Staff
Management, clerical and sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from premises	\$ _____	_____
Payment to contractors and/or subcontractors	\$ _____	_____
Payments to labour hire workers	\$ _____	_____
Other (please specify)	\$ _____	_____

7. CARE, CUSTODY AND CONTROL

a) **Vessels**

i. Size and type of vessels normally worked upon _____

ii. Individual Vessel Value

What is the approximate average and maximum value of the vessels being worked upon:

Average _____

Maximum _____

iii. Accumulated Vessel Values

What is the average and maximum number of vessels being worked upon at any one time?

Average _____ Number _____

Maximum _____ Number _____

iv. Vessel Transport

Do you road or rail transport non owned vessels? Yes No

If yes, please provide details.

b) **Other Property**

i. Do you require cover for property of others (not vessels) in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy) Yes No

If Yes,

ii. What is the total value of such property at all locations? \$ _____

iii. Give a brief description of such property

8. CLAIMS AND/OR LOSS EXPERIENCE

a) Have you had any insured and/or uninsured claims in the last five years? Yes No

If Yes, please provide details below:

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From To				

- b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No

If Yes, please provide details.

9. PREVIOUS INSURANCE HISTORY

After investigation have you ever had any:

- a) Insurance declined or cancelled? Yes No
- b) Renewal refused? Yes No
- c) Special conditions imposed? Yes No
- d) Claims denied for this class of insurance? Yes No

10. BROKER INFORMATION

Broker name _____

Address _____

_____ State _____ Postcode _____

DECLARATION

I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Contract Proposed.

Signed _____

Print Name _____

Title _____

Dated _____