



Ship Repairer's Liability

PROPOSAL FORM

libertyspecialtymarketsap.com



Liberty
Specialty Markets

Important Notice

Your Duty Of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under Section 21 of 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.

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.

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.

1. THE INSURED & BUSINESS DESCRIPTION

Full name of proposed insured including subsidiaries

Company name

UEN

Full description of your business operations and activities

2. PERIOD OF INSURANCE

From:

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 & WORK PERFORMED

Details of premises occupied for the purpose of conducting the business

Location	Construction	Age (Years)	Fire & burglary protection	Owned or leased
1				
2				
3				

Details of facilities

Referring to the Detail of premises above, please indicate YES or NO. If YES, please indicate NUMBER/QUANTITY of related facility.

Facilities	Location 1			Location 2			Location 3		
	Yes	No	Qty	Yes	No	Qty	Yes	No	Qty
Slipway									
Dry dock									
Floating dock									

Facilities	Location 1			Location 2			Location 3		
	Yes	No	Qty	Yes	No	Qty	Yes	No	Qty
Work barges									
Cranes/cradles									
Moorings									
Fuel storage: – On or over water?									
– Land based (Underground or Above)?									

Type of work performed	Yes	No	% of revenue	% of Revenue for work performed away from your premises
Marine – repairs, maintenance & service				
Vessels				
– structural repairs to hulls				
– electrical repairs to hulls				
– mechanical repairs to hulls				
– installation/electrical/or fitting out of motors				
Wharves, jetties, piers, seawalls etc				

Other – please describe

Marine – manufacturer				
Vessels <10 metres				
Vessels >10 metres				

Other products used in vessels

Non marine work

Please describe

5. QUALITY CONTROL AND RISK MANAGEMENT

Quality assurance

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 Singapore or industry standards you work to.

Do you perform gas freeing operations & issue gas certificates Yes No

If no, who performs gas freeing operations?

Pollution

Are you required to hold any statutory or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes No

If Yes, please provide details.

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

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

Sub contractors – workers on site

Is there a formal site induction for sub contractors or other workers at your premises or worksite? Yes No

Do you request evidence of liability insurance from your sub contractors? Yes No

Do you have a sub-contractor vetting procedure? Yes No

Do you have a no smoking & drugs and alcohol policy in place? Yes No

Hotwork

Do you perform hotwork? Yes No

If yes, does hotwork comply with SS510? Yes No

Is there a fire watch deployed at the welding site? Yes No

Hotwork on vessels not previously engaged in carrying hazardous cargos? Yes No

Hotwork on vessels previously engaged in carrying hazardous cargos? Yes No

Any hotwork undertaken or away from your premises? Yes No

If Yes, please provide further details.

Contractual

Do you have standard contractual conditions of work? Yes No

If yes, please attach a copy.

Are these conditions used in every instance? Yes No

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

Revenue

What is your estimated gross annual revenue for the forthcoming year? \$

What was your gross revenue last year? \$

Payroll (excluding payments to sub-contractors and labour hire employees)

What is your estimated annual payroll for the forthcoming year? \$

How many partners or principals? \$

Sub-contractors

Do you use the services of any sub-contractors? Yes No

If Yes, estimated annual payments \$

Are payments for: labour only labour & materials

Activities undertaken

Labour hire or agency labour

Do you use the services of any labour hire or agency labour personnel? Yes No

If Yes, estimated annual payments \$

Activities undertaken

7. CARE, CUSTODY AND CONTROL

Vessels

Size and type of vessels normally worked upon

Individual vessel value

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

Average \$ Maximum \$

Accumulated vessel values

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

Average Number Maximum Number

Vessel transport

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

If yes, please provide details.

Other property

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, what is the total value of such property at all locations? \$

Give a brief description of such property

8. CLAIMS AND/OR LOSS EXPERIENCE

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				

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:

Insurance declined or cancelled?	Yes	No
Renewal refused?	Yes	No
Special conditions imposed?	Yes	No
Claims denied for this class of insurance?	Yes	No

10. BROKER INFORMATION

Broker name

Address

State

Postcode

11. 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.

Signature

Date

Print name

Title

Privacy Notice

Liberty Specialty Markets Pte Limited (Liberty) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group (LMG). Liberty's contact details are:

Address: Liberty Specialty Markets (Liberty), One Raffles Quay, #40-01 North Tower, Singapore 048583
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