



**Vessel Builders
Risk Insurance
PROPOSAL FORM**

libertyspecialtymarkets.com.au



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 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 nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Important

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Policy.

The construction of this policy shall be governed by English law and practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained in the policy.

OFAC Condition

Notwithstanding anything to the contrary contained herein or endorsed to this Policy, the insurance provided hereunder shall not cover shipments originating in, destined for, in transit through, or containing goods made in any country or geographic region subject to, or which becomes subject to a trade embargo under United States law, including any Executive Order or regulation promulgated hereunder. In addition, the insurance provided hereunder will not cover shipments to or from any entity which is or which becomes subject to a trade embargo under United States law or listed on the Office of Foreign Assets Control list of Specially Designated Nationals.

I confirm that I have read and understood the above.

Yes No

PLEASE NOTE

It is important that all questions are answered fully. Where asked to provide additional information by attachment please do so using the Insured's official letterhead. Once all questions have been answered the Insured must sign and date the proposal in the space provided on the last page.

Agent/Broker	
Address	
Proposed effective dates	
From	To

1. INSURED DETAILS

Name of insured				
Additional insured names requiring cover				
Other interested parties	Mortgagee	Lessee	Subsidy provider	Other
Principal address of insured				
Street				
City	State	Country		
Principal contact				
Telephone		Facsimile		
Mobile		Email		
Period of insurance				
Please advise your preferred Period of Insurance		Start date	End date	

2. COVERAGE SPECIFICATIONS

Hull	Limit	Deductible
Any one boat	\$	\$
Any one occurrence	\$	\$
Liability (P&I/Collision)	\$	\$

3. GENERAL UNDERWRITING INFORMATION

Is the manufacturing location the same as the mailing address?	Yes	No
If No, provide address of plant		
How many years have you been in business?		
How long have you been at this location?		
Were the buildings constructed specifically for boat building?	Yes	No
Person to contact for inspection	Phone	

4. VESSEL INFORMATION

Describe the type of boats being built (i.e. ferry, barge, tug, etc). Attach any additional information

Hull construction material is

Construction method

Type of vessels normally built

Number of boats built annually

Average time to complete each vessel

Estimated value of completed vessel

Maximum number of boats under construction at any one time?

Average number of boats under construction at any one time?

Vessel dimensions Length

Depth

Beam

Draft

Tonnage(GRT)

Is the vessel to be built under survey?

If yes, name of classification society or authority

Machinery details New or Second Hand

Manufacturer

Fuel type

H.P.

Auxiliaries

5. PREMISES INFORMATION

Is the building location on the water?

Yes

No

If not, is the location within a FEMA flood zone?

Yes

No

If Yes, specify zone

How are the vessels launched?

Details of yard including slipways, travel lifts, cranes, etc

Describe where vessel construction takes place

If constructed inside, how many buildings are there?

If inside, how many buildings are there? (attach map/diagram)

Construction type of each building

Occupancy of each building

Sprinkler system installed in each building? (If No, advise which) Yes No

What is the protection class at this location

Which buildings contain/use flammables (paint, acetone, MEK, etc)?

Are drums of flammables bonded and ground? Yes No

Is there a night watchmen service/security? Yes No

Is there a central alarm system? Yes No

The alarm system is for Fire Burglary Both

Number of employees

Are subcontractors used? Yes No If yes, what % of work?

Is this insurance required to cover these subcontractors liabilities? Yes No

If No, do subcontractors have adequate cover? (Please detail requirements)

6. VESSEL LIABILITY INFORMATION

Are vessels trialed before delivery? Yes No

If Yes, describe where and to what extent

Are any sea trials or testing of new boat models undertaken? Yes No

If Yes, fully explain

Is there any demonstration of vessels to dealers or buyers? Yes No

If Yes, fully explain

Who conducts sea trials, demonstrations or testing:

How many people are on a sea trial, demonstration or testing?

Do the testing individuals have a USCG license: Yes No

Are completed vessels ever delivered by water under their own power? Yes No
 If Yes, fully explain

Please provide full details of transport, loading, distance, etc if launched away from site

Is delivery to be at yard? Yes No

If no, is delivery voyage required to be covered? Yes No

Details of delivery voyage

7. COVERAGE HISTORY

Current insurance company

Current premiums \$ Rate \$

Has any company ever cancelled or non-renewed within the last 5 years? Yes No

If Yes, fully explain

Any vessels held for use, testing or demonstration by builder Yes No

If Yes, provide full description of boat and describe fully the use of the boat

How long has business been Established Owned

9. LOSS HISTORY: (ATTACH IF NECESSARY)

As shipbuilders for the last five years (including incidents reported and claims not paid). Include name of vessel and type of incident.

Date of loss	Type of loss (Hull/P&I)	Amount	Description

10. LOSS PAYEE/ADDITIONAL INSURED: (ATTACH IF NECESSARY)

Loss payee _____

Address _____

Amount of outstanding loan _____

Additional insured _____

Address _____

Relationship to insured _____

11. ADDITIONAL CONTACT INFORMATION

Phone number _____ Email _____

Website _____

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

Signature _____ Date _____

Name (please print) _____

12. DECLARATION

To be signed by the Insured

I, the undersigned, declare and acknowledge:

1. that I am, after enquiry, authorised by all persons or entities seeking insurance, to make this proposal; that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
2. that I understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied proposing for this insurance;
3. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
4. that I have read and understood the Important Notices which form part of this proposal;
5. that I understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty Specialty Markets, if any.
6. that our broker will be supplying information in this proposal to Liberty Specialty Markets on our behalf in the online version of the proposal form which includes this Declaration and I understand that Liberty Specialty Markets will rely on that online version.

Signature

Date

Name (please print)

Privacy Notice

Liberty Specialty Markets (Liberty) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the U.S. It is a member of Boston-based Liberty Mutual Group (LMG). Liberty Australia's head office contact details are:

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