



MARINE CARGO PROPOSAL

IMPORTANT NOTICE

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether 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 so decline to pay any claim.

COMPLETION NOTES

- Please answer ALL questions fully, if you need extra space please attach additional pages on your organisation letterhead and mark their inclusion on the proposal.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

MARINE ANNUAL/OPEN CARGO PROPOSAL

1. Names of companies proposed to be insured

Date first established

Current Insurer

2. Principal Address

3. Period of Insurance

From:

To:

4. Interest Insured

5. Type of Packaging

6. Voyages

Export To	<input type="text"/>
Import From	<input type="text"/>
Local settings within New Zealand	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Means of Conveyance



8. Limit of Liability: (Sum Insured Any One Vessel, Conveyance or Location)

Inland New Zealand	\$	Imports	\$	Exports	\$
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9. Conditions of Insurance

10. Basis of Valuation

Imports	
Exports	

Inland New Zealand	Sales	
	Stock Transfers	
	Purchase	
	Returns	

Note: Sales Representatives Vehicles: (Cover for this is not automatic)

11. Previous History

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 other special conditions? Yes No

If answer to any of the above questions is **Yes**, please give details

12. Claims Experience (last 5 full years)

Year	No. of Claims	Amount/Incurred	Excess	Value of Sendings
..... to				
..... to				
..... to				
..... to				
..... to				



13. Terms of Sale

Imports	CFR/FOB	<input type="checkbox"/>	FIS	<input type="checkbox"/>	Ex Store	<input type="checkbox"/>
Exports	CIF	<input type="checkbox"/>	CFR/FOB	<input type="checkbox"/>	Ex Store	<input type="checkbox"/>

14. Turnover split by region (\$'s)

For Import, Export and Inland Transit Policies the figures should reflect the value of Insurable Sendings according to the Policy Basis of Valuation

Imports	Exports	Country
\$	\$	USA
\$	\$	Middle East
\$	\$	Europe
\$	\$	Asia
\$	\$	Australia
\$	\$	Indonesia
\$	\$	Other
\$	\$	TOTAL
FOB Exports \$		FOB Shipments
\$		Local Transits

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that the Company is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform the Company of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise QBE Insurance (International) Limited to give or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:-

- (a) QBE Insurance (International) Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- (b) I/We am/are obliged to advise QBE Insurance (International) Limited of any information which may be material to its consideration of this application.
- (c) Failure to provide any of this information may result in QBE Insurance (International) Limited refusing to provide the insurance.
- (d) I/We have certain rights of access to and correction of this information.

Signed	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text" value="/ /"/>



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QBE INSURANCE (INTERNATIONAL) LTD
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