



MARINA LIABILITY 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.

1. Name

2. Address

3. Is the Insured a Corporation Partnership Joint Venture Individual Other

4. Years in Business

5. Inspection Contact:

<input type="text"/>	Ph: <input type="text"/>
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6. Accounting Contact

<input type="text"/>	Ph: <input type="text"/>
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7. Proposed Effective Date

8. Proposed Expiry Date

9. Limits Requested

10. Deductible Requested



11. Locations	Primary	Coastal	<input type="checkbox"/>	Tidal River	<input type="checkbox"/>
		Non Tidal	<input type="checkbox"/>	Inland Lake	<input type="checkbox"/>
	Other	Coastal	<input type="checkbox"/>	Tidal River	<input type="checkbox"/>
		Non Tidal	<input type="checkbox"/>	Inland Lake	<input type="checkbox"/>
	Other	Coastal	<input type="checkbox"/>	Tidal River	<input type="checkbox"/>

12. What are your fueling operations?

(i) Attendant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) Self Fuel	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(a) Number of Pumps

(b) Auto shut off on pumps? Yes No

13. Nature of Business/Description of Operation (give detailed description)

14. Operating Season

15. Security

(a) Procedures

(b) Fencing/guards/Lighting, etc (explain)

16. Formal safety program in place? Yes No

If Yes, please give details



17. Any exposure to flammable, explosive, chemicals?

Yes No

If Yes, please give details

Empty text box for details

18. Any catastrophe exposure?

Yes No

If Yes, please give details

Empty text box for details

19. Any coverage declined or non-renewed during prior three years?

Yes No

If Yes, please give details

Empty text box for details

20. Fire fighting locations? Paid Volunteer

21. Maximum Third Party Property Loss in the event of a major catastrophe

Empty text box for maximum loss

22. Exposures

		Maximum	Average
(a)	Number of Open Slips		
(b)	Number of Covered Slips		
(c)	Number in Racks		
(d)	Number in Dry Storage		
(e)	Number in Open Dry Storage		
(f)	Number Moored		
(g)	Average Number of Boats		
(h)	Average Value of Boats		
(i)	Largest Value		
(j)	Total Number of Docks		
(k)	Maximum Aggregate Value of Boats per Dock		
(l)	Average Value of Boats in any One Building		
(m)	Max Value of Boats in any One Building		



(n) Full details of any other property in care, custody or control, including hauling and launching

(o)	Current Carrier	
(p)	Expiration Date	
(q)	Expiring Premium	
(r)	Expiring Ded	
(s)	Last Year Receipts	

23. Estimated Receipts

(a)	Repair/Hauling/Launching	
(b)	Storage	
(c)	Docking	
(d)	Sales (Boats & Ship Store Receipts)	
(e)	Fueling	
(f)	All Other	

24. Payroll

(a)	Number of Employees	
(b)	Owned Vessels	
(c)	Work Boats – Under 26'	
(d)	Work Boats – Over 26'	

25. Boat Rentals

(a)	No. of Boats	
(b)	Maximum Speed	
(c)	Lessee Hold Marina Harmless	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d)	Total Receipts	



26. Does Insured have any of the following exposures on Covered Premises?

		%	Describe Exposure
Ship Repair Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pleasure Craft	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Commercial	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Boat Sales	Yes <input type="checkbox"/> No <input type="checkbox"/>		
New	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dealer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Broker	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Consignee	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Used	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dealer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Broker	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Consignee	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Habitational	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parts Sales	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Retail Stores	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vessel Rental	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Camp Sites/Parks	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Restaurants	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Yacht Club	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Live Aboards	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marine Contracting	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Boat Building	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Boat Design	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marine Surveyors	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Engineers/Architects	Yes <input type="checkbox"/> No <input type="checkbox"/>		

27. Five Year Loss Record

Date	Claimant	Description	Sir/Ded	Paid	Loss & Expense	
					Reserve	Total



ALL RISK SUBJECT TO INSPECTION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION SIGNED FOR COVERAGE TO BE CONSIDERED

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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