



# MARINE CARRIERS 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 CARRIERS LEGAL LIABILITY PROPOSAL

1. Names of companies proposed to be insured:

Date first established:

Phone Number:

2. Principal Address:

Postcode:

3. Period of Insurance:

From

To

4. Is carrying your fulltime Business/Occupation:

Yes  No

If "No", please give details

5. Do you use a Consignment Note:

Yes  No

(If so please attach. If not why not?)

6. Do you use any special contract of cartage with any of your clients:

Yes  No

If "Yes", please give details

7. Do you insure goods on behalf of your clients:

Yes  No

If "Yes", please give details



8. Do you act as a sub-contractor to other carriers: Yes  No   
If "Yes", please give details:

[Empty text box for details]

9. Do you use sub-contractors: Yes  No   
If "Yes", please give details of agreement:

[Empty text box for details]

Do they have insurance cover: Yes  No

10. Do you use any mode of conveyance other than road: Yes  No   
If "Yes", please give details

[Empty text box for details]

11. State:

(a) Area of your operation	
(b) Number of vehicles used in your carrying business:	
(c) Number of "sub-contractors" used in your carrying business:	
(d) Do you carry general cargo or specialise in one type of commodity? If so what commodity	
(e) Maximum value of load carried in any one vehicle:	\$
(f) Maximum value at any one location or occurrence: (limited to storage incidental to transit):	\$

12. Sum Insured / Limit Required:

\$ [Empty text box]

13. Estimated annual gross freight earnings:

(a) General Cargo	\$
(b) Livestock	\$
(c) Produce	\$
(d) Other (Please give details)	\$
<b>TOTAL</b>	
	\$

14. 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:

[Empty text box for details]



Current Insurer:

Give details of all claims made against you during the last five years for loss or damage to goods during the course of transit or whilst temporarily stored in the course of transit.

Date of Loss	Cause of Loss	Amount Involved	Was the Claim Paid

**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

Name

Position

Date



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QBE INSURANCE (INTERNATIONAL) LTD  
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