



PROFESSIONAL MARINERS PROTECTION 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.

A APPLICANT DETAILS

1. Name(s) in full

2. Address

3. Date of Birth

4. Period of Insurance

From 4.00pm

To 4.00pm

B MARITIME DOCUMENTS

1. List all licenses, permits or other maritime documents issued under the provisions of the Marine Transport Act 1994 (copies of current documents must be attached)

Maritime Document/License	Grade	Official Number	Date issued	Expiration Date

2. Where more than one class of document is held state last time employed using each licence and give brief details



3. If you are currently serving as a Pilot indicate which ports you navigate and the Regional Councils employed by

Table with 4 empty rows for listing ports and regional councils.

C EMPLOYMENT

1. Name of Vessel

Text input field for vessel name.

2. Previous Name

Text input field for previous vessel name.

3. Registration Number

Text input field for registration number.

4. Year Built

Text input field for year built.

5. Type and Design

Text input field for type and design.

6. Material of Hull

Text input field for material of hull.

7. Dimensions

Length

Text input field for length.

Beam

Text input field for beam.

Draft

Text input field for draft.

Depth

Text input field for depth.

Tonnage

Text input field for tonnage.

8. Current type of operations (eg Tug, Ferry, passenger charter)

Text input field for current type of operations.

9. Does your employer include "liability of the master" in the vessel's liability insurance?

Yes No

10. Do you have a formal employment contract with your employer? If Yes, please provide a copy

Yes No

11. Give brief details of last 7 years employment. Only give details if employment was on board. Show unemployed periods:

Table with 5 columns: Name of Employers, Vessel's Name, Period of Employment, Position, Type of Vessel. Rows for Present and Previous employment.

12. Have you ever had a Maritime Document reduced in scale, suspended or revoked?

Yes No

13. Have you ever been the subject of an official inquiry as a result of your maritime employment?

Yes No



14. Have you ever been involved in or are you aware of any other incident(s), which occurred while sailing under your Marine Document, which could have or may result in an action against your Maritime Document? Yes No

If Yes, provide full details

15. Have you ever been named in a civil legal action resulting from incident(s) occurring while sailing under your Marine Document? Yes No

If Yes, provide full details

16. Have you suffered any accident or incident causing loss or damage (whether an insurance claim was made or not) on any vessel under your control at the time of such loss? Yes No

If Yes, provide full details

17. Are you a member of a professional mariners organisation? Yes No
Eg. NZ Marine Transport Assn or Merchant Service Guild

If Yes, provide membership number

18. What is your average month income over the last 6 month from Insured Activities (base wages plus overtime)? \$

D PROFESSIONAL EQUIPMENT

1. Schedule any personally owned professional equipment and the **current replacement value** that you use in the course of your marine duties for which insurance coverage is required. (eg laptop computers, sextants, handheld communications equipment, handheld GPS equipment, binoculars etc.)

Item	Serial No.	Date Purchased	Replacement Value



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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