



SHIP REPAIRERS 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.

PERIOD OF INSURANCE

From 4.00pm

To 4.00pm

The answers to every question, on all pages, must be full and correct, and every blank must be filled. If space provided is insufficient for complete answers, please annex further particulars

1. Names of Proposer

2. Address of Proposer

3. a) How long has the company been in business

b) What is the principals experience

4. Type of Business

5. Location of Yard/Premises



6. Are you the sole occupier of these premises? Yes No
If "No", please give details

7. Is public access to the site restricted? Yes No

8. Please provide description of repairs carried out on

(a) Hull	
(b) Electrical	
(c) Mechanical	
(d) Hot Work	
(e) Other	

9.

(a) What types of vessels are worked on?	
(b) What is the maximum length of Vessel worked on?	
(c) What is the average length of Vessel worked on?	
(d) What has been the top value of Vessel worked on?	
(e) What is the average value of Vessel worked on?	
(f) What is the maximum G.R.T.?	
(g) What is the average G.R.T.?	

10. Please describe facilities available, including capacities (e.g. sizes and tonnages) where applicable

(a) Slipway	
(b) Floating Docks	
(c) Cranes, Travel Lift, Fork Lifts	
(d) Dry Dock	
(e) Cradles	
(f) Ship Repairs	
(g) Other facilities	

11. a) Number of employees engaged in ship repairing and their experience

b) Number of qualified tradesmen and apprentices

12. a) Are subcontractors used? Yes No

b) What arrangements are taken to determine whether they have adequate liability cover?



13. What is limit of liability required \$

14. Have any claims been made against or any incidents occurred which would be a claim on the assured in the past 5 years? Yes No

Give details

15. Are there any actions pending or outstanding?

16. Please supply specimen copy of your contracts or conditions of repairs

17. How many jobs were handled last year?

(a) Will you do work on a subcontract basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Details of any work conducted away from the above premises:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

18. Any ongoing contracts with certain parties? (provide copy of contract)

19. (a) Do you have a Dangerous Goods Store?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do you use a slipway for launching?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Do you use a crane or similar for launching?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Do you use an outside crane contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Are there "No Smoking" signs in work areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) Is smoking by employees permitted "on site" or on vessels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) Do you store fibreglass resins on site but not in a D/Goods Store?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h) Are the premises under surveillance by a contract security firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Is there a monitored alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

20. What are the gross receipts for past 12 months, estimated next 12 months?

	Actual Past 12 Months	Estimated Next 12 Months
(a) Slipway		
(b) Floating Docks		
(c) Cranes, Travel Lifts, Fork Lifts		
(d) Dry Dock		
(e) Cradles		
(f) Ship Repairs		
(g) Other Income		



21. 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]

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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