



STEVEDORES 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 and main business of applicant

2. Address(es) of location(s) to be insured

3. How long have you been in the stevedoring business under present management?

4. Please enclose a copy of your Standard Terms & Conditions.

5. Do you have any written contracts with specific clients which contain terms different from your Standard Terms and Conditions?

Yes No

If Yes, please enclose full copies of all such contracts.

6. What percentage of the time do you avail yourself of the ocean carrier's limitation of liability under Bills of Lading incorporating a Himalaya Clause?
(Please enclose a copy of such Bill of Lading)

 %

7. Please advise the following for each of the past 5 years, plus your activity projection for the next 12 months:

| Policy Year | Tonnage Handled (excluding containerised cargoes, livestock & automobiles) | Total T.E.U.S. Handled | No. of Livestock | No. of Automobile | Stevedoring Gross Receipts |
|-------------------------------|--|------------------------|------------------|-------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Projection for next 12 months | | | | | |



8. Please advise the following for each type of cargo separately

| Type of Cargo | *Tonnage handled in last 12 months | Tonnage estimated for next 12 months | **Method of Loading or Discharge |
|---|------------------------------------|--------------------------------------|----------------------------------|
| General break-bulk cargoes Describe main types of cargo | | | |
| Machinery or electronics custom built to precise specification (Describe in detail and note average and maximum value per item) | | | |
| Refrigerated/chilled cargoes | | | |
| Bulk Grain | | | |
| Coal/bulk ores Describe types of ore | | | |
| Liquid Chemicals Describe types | | | |
| Bulk mineral oils | | | |
| Bulk vegetable oils Describe type | | | |
| Scrap Metal/unprotected steel | | | |
| Heavy lift cargoes Describe type | | | |
| Livestock Describe type | | | |
| Containerised cargoes Describe type | | | |
| Empty containers | | | |
| Automobiles | | | |
| Explosive, flammable and toxic cargoes Describe type | | | |

* Except for livestock and automobiles, where advise actual numbers handled; and containerised cargoes, where advise total T.E.U.S. handled.

** ie crane, grab, conveyor belt, nets or slings, vacuum, container crane, driven off Ro/Ro, etc.

9. For liquid cargoes in bulk, are you responsible for hook-up of pipes

- (a) on board ship? Yes No
- (b) at shoreside connection/tank farms? Yes No

10. Are you responsible for property and safety stowing or unstowing as well as loading or unloading cargoes?

- Yes No

(a) Is this an absolute responsibility, or do you act under the supervision of the shipowner?

| |
|--|
| |
|--|



11. Do you ever perform lighterage operations?

Yes No

If Yes

(a) How far offshore are the lightered ships?

_____ miles

(b) What percentage of total stevedoring gross receipts is derived from lighterage?

_____ %

(c) What kinds of cargo are involved?

12. What percentage of your labour force consists of

(a) Your own full time employees?

_____ %

(b) Independent stevedores contracted in?

_____ %

(c) Local authority/employers' association labour pool?

_____ %

Are you fully responsible for the acts of category (b) and (c) labour above?

Yes No

13. Please advise your stevedoring payroll (including payments to sub-contractors) for the past 5 years, plus a projection for the next 12 months

| Year | Stevedores Payroll |
|---------------------------|--------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Next 12 months projection | \$ |

14. Do you own the terminals you service?

Yes No

Do you lease the terminals you service?

Yes No

If you lease, who do you lease from and what liabilities do you assume under the lease agreement?

15. Do you operate using your own cargo handling equipment?

Yes No

If No, whose employees (yours or the equipment owners') operate the equipment, and what liabilities do your have for their actions?

16. If ship's handling equipment is used, please advise

(a) What percentage of the time does this happen?

_____ %

(b) Whose employees (yours or ship's) operate the equipment?

If ship's crew operate the ship's equipment, do they do so under your direction?

Yes No



17. Please provide details of all losses, insured or not, for the last five years

| Date of Loss | *Amount of Loss before application of any deductible | Status of Loss (ie. if paid or reserved) | Brief description of circumstances surrounding loss |
|--------------|--|--|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* Identify legal or investigative fees separately

18. Limit of liability insurance requested

\$ []

19. Current Insurer

[]

20. Current Insurance Broker

[]

21. Has any insurer ever cancelled or refused to renew your insurance?

Yes No

If Yes, please give details

[]

22. When does your current insurance expire?

[]

DECLARATION

I/We declare on behalf of all proposed insureds that:

- (a) all answers and statements in the proposal form(s) are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
- (b) if accepted by QBE, the proposal form(s) and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
- (d) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal;
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

NOTE: Signing the proposal(s) and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Signed

[]

Date

[/ /]

Printed name

[]

Position

[]



Quay Tower, 29 Customs Street, PO Box 44, Auckland. www.qbe.co.nz Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

QBE INSURANCE (INTERNATIONAL) LTD A Member of the QBE Insurance Group - Incorporated in N.S.W., Australia. A.B.N. 11 000 000 948