

# QBE Cargo Handling and Transportation Liability Proposal

QBE Pacific Islands



## A. Notice to the proposed insured

### Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

### 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.

### Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

### Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

### Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

### Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a. the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- b. the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

### Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

**B. Details of the applicant**

Name of the proposer

Phone no  Fax no  Mobile no  email

Business postal address

Insurance broker/agent

Phone no  Fax no  Mobile no  email

Business postal address

Locations - please list the physical address of your business location(s).

**C. Details of the insurance required**

Limit of indemnity\*  Excess (Deductible)\*

Period of insurance: From 4pm  /  /  to 4 pm  /  /

**D. Details of business**

1. Services: Types of operation performed by you (please tick those relevant to you):

<input type="checkbox"/> Stevedoring	<input type="checkbox"/> Local collection and delivery
<input type="checkbox"/> Marine terminal operator	<input type="checkbox"/> Depot operator
<input type="checkbox"/> Container/trailer freight station	<input type="checkbox"/> Equipment repair
<input type="checkbox"/> Container/trailer storage	<input type="checkbox"/> Waste disposal
<input type="checkbox"/> Inland clearance depot (ICD)	<input type="checkbox"/> Advice to other operators
<input type="checkbox"/> Airfreight terminal/depot	<input type="checkbox"/> Operating a chassis pool
<input type="checkbox"/> Warehousing	<input type="checkbox"/> Security services
<input type="checkbox"/> Emergency (e.g. Fire)	<input type="checkbox"/> Bunkering
<input type="checkbox"/> Other (please specify and give details <input type="text"/>	

2. Contracts / Indemnities

a) Any contracts: If "Yes", please complete the following:  Yes  No

	Limited liability in respect of negligence		Unlimited liability in respect of negligence		No liability		Other	
	Yes	No	Yes	No	Yes	No	Yes	No
Standard contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual user agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Other" is ticked, please give details:

b) Other contracts:

Have you indemnified another person or company for claims they may receive arising from your negligence (e.g. for equipment, land or buildings)? If "Yes", please give details.  Yes  No

Have you waived rights of recourse against another person? If "Yes", please give details.  Yes  No

c) Subcontractors:

Is there a requirement in your contract with subcontractors that they have adequate liability and property insurance?  Yes  No

If yes, what is the minimum limit that you require?

Do you check annually that all subcontractors maintain and renew their insurance?

Note: There is a policy requirement that you should make best endeavours to ensure that the sub-contractor or agent holds and maintains adequate liability insurance during the period of insurance or is financially able to meet its legal liability.

**3. Volumes and turnover**

	Last year	Current year	Next year estimate
TEUs			
Break bulk (tonnes)			
Dry bulk (tonnes)			
Wet bulk (tonnes)			
Autos			
Passengers			
Others (specify below):			

How many vessel calls per annum? Please provide figures broken down into size of vessel:

	Last year	Current year	Next year estimate
Up to 5,000 GT			
5,000 to 15,000 GT			
Over 15,000 GT			
Annual turnover *			

**4. Loss prevention / risk management:**

- a) Do you have a property and equipment maintenance programme?  Yes  No
- b) Do you have a staff training programme?  Yes  No
- c) Do you security precautions include:
- i) 24 hour security guards?  Yes  No
  - ii) All buildings / perimeter fences / gates alarmed?  Yes  No
  - iii) Close circuit TV?  Yes  No
  - iv) Continual documentation security checks?  Yes  No
  - v) Other? Please attach details  Yes  No
- d) Can you provide us with a copy of a recent survey of your facilities? If "Yes" please attach details.  Yes  No
- e) Do you envisage/plan any revisions to the loss prevention / risk management measures mentioned above during the policy period? If "Yes" please attach details.  Yes  No
- f) Is the International Ship and Port Facility Security Code applicable to you?  Yes  No
- If "Yes", are you compliant?  Yes  No

**E. Details of prior insurance**

1. Please provide full details of the Public Liability insurance maintained in respect of the applicant:

Insurer  Limit of indemnity \*

Period of insurance: from  /  /  to  /  /

2. If Cargo Handling and Transport Liability has been in effect during the past three years, please provide full details:

Insurer  Limit of indemnity \*

Period of insurance: from  /  /  to  /  /

Premium \*

3. Has the applicant ever been refused these type of insurances or had a similar type of insurance cancelled?  Yes  No

If "Yes", please provide full details.


## F. Claims history

Please detail all Liability claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also give details of any existing litigation against the proposed business or any subsidiaries.

Date of claim	Details	Deductible *	Claim cost *

If space above is inadequate please attach a separate sheet with details.

## G. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form 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.

### Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Fiji

#### QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade  
Suva  
Tel: + 679 331 5455  
Fax: + 679 330 0285  
email: info.fiji@qbe.com  
qbepacific.com

### Papua New Guinea

#### QBE Insurance (PNG) Limited

QBE Building, Musgrave Street  
Port Moresby  
Tel: +675 321 2144  
Fax: +675 321 4756  
Email: info.png@qbe.com  
qbepacific.com

### Solomon Islands

#### QBE Insurance (International) Pty Limited

Panatina Plaza, Prince Philip  
Highway, Honiara  
Tel: + 677 388 84  
Fax: + 677 388 87  
Email: info.sol@qbe.com  
qbepacific.com

### Vanuatu

#### QBE Insurance (Vanuatu) Limited

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Tana Russet Complex, Port Vila  
Tel: + 678 353 00  
Fax: + 678 355 10  
Email: info.van@qbe.com  
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