

QBE Marine Cargo Proposal

- for annual and open cover

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 proposed insured

Name(s) in full

Phone no Fax no Mobile no email

Postal address

Location of warehouse

Proposer (if different from above)

Name of other interested party

Period of insurance: from to

Type of cover Annual cover Open cover Name of vessel

C. Details of goods to be covered

1. Limit of liability * (any one vessel, aircraft or land conveyance)

Maximum sum insured * (any one location)

2. Type of items/goods to be insured

3. Description of inner and outer packing

4. Basis of value

Cost & freight plus	Cost insurance & freight plus	Invoice value *
<input type="text"/> %	<input type="text"/> %	<input type="text"/>

5. Type of conveyance

6. Geographic limits

7. Conditions of cover required (All Risks or Limited Conditions)

8. Estimated annual turnover * (Not applicable to open covers)

D. Claims details

1. Have you (in the past 5 years)

1.1 had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? If "Yes", please provide details. Yes No

1.2 suffered any loss or damage which would have been covered by the proposed insurance policy? Yes No

If "Yes", please provide details.

2. Have you or any partner(s), shareholder(s) or director(s) of the business

2.1 ever been declared bankrupt? If "Yes", please provide details. Yes No

2.2 ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? If "Yes", please provide details.

Yes No

2.3 been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

Yes No

If "Yes", please provide details.

2.4 been liable for any civil offence or pecuniary penalty? If "Yes", please provide details.

Yes No

E. 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	
Position	
Signature	
Date	

Policyholder 2

Name	
Position	
Signature	
Date	

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
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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

Level 2, Office 2a - 2c / 2g
Tana Russet Complex, Port Vila
Tel: + 678 353 00
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