

# Marina Operators Liability

Proposal



## Important notice

### Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not 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 therefore decline to pay any claim.

### Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

### How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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## A. Applicant details

1. Name					
2. Address					
3. The Insured is a: (please tick the description applicable)	Corporation	Partnership	Joint venture	Individual	Other
4. Years in business					
5. Inspection contact				Phone	
6. Accounting contact				Phone	
7. Proposed effective date (dd/mm/yyyy)			8. Proposed expiry date (dd/mm/yyyy)		
9. Limits requested NZD			10. Deductibles requested NZD		
11. Locations	Primary:	Coastal	Tidal river	Non-tidal	Inland lake
	Other:	Coastal	Tidal river	Non-tidal	Inland lake
	Other:	Coastal	Tidal river	Non-tidal	Inland lake
12. What are your fuelling operations?					
(a) Attendant	Yes	No			
(b) Self-fuel	Yes	No			
(i) Number of pumps			(ii) Auto shut-off on pumps?	Yes	No
13. Nature of business/description of operation (Please give a detailed description)					
14. Operating season					

## A. Applicant details

### 15. Security

(a) Procedures

(b) Fencing/guards/lighting, etc. (Please explain)

### 16. Formal safety programme in place?

Yes No

If 'Yes', please give details.

### 17. Any exposure to flammables, explosives, chemicals?

Yes No

If 'Yes', please give details.

### 18. Any catastrophe exposure?

Yes No

If 'Yes', please give details.

### 19. Any coverage declined or non-renewed during past three years?

Yes No

If 'Yes', please give details.

### 20. Fire-fighting locations?

Paid

Volunteer

### 21. Maximum Third Party Property Loss in the event of a major catastrophe

### 22. Exposures

Maximum

Average

(a) Number of open slips

(b) Number of covered slips

(c) Number in racks

(d) Number in dry storage

(e) Number in open dry storage

(f) Number moored

(g) Average number of boats

(h) Average value of boats

(i) Largest value

## A. Applicant details

(j) Total number of docks			
(k) Maximum aggregate value of boats per dock			
(l) Average value of boats in any one building			
(m) Maximum value of boats in any one building			
(n) Full details of any other property in care, custody or control, including hauling and launching			
(o) Current carrier			
(p) Expiration date			
(q) Expiring premium			
(r) Expiring Deductible			
(s) Last year's receipts		NZD	NZD
<b>23. Estimated receipts</b>			
(a) Repair/hauling/launching	NZD	(b) Storage	NZD
(c) Docking	NZD	(d) Sales (boats and ship store)	NZD
(e) Fueling	NZD	(f) All other	NZD
<b>24. Payroll</b>			
(a) Number of employees		(b) Owned vessels	
(c) Work boats - under 8 metres in length		(d) Work boats - over 8 metres in length	
<b>25. Boat rentals</b>			
(a) Number of boats		(b) Maximum speed	
(c) Lessee hold marina harmless	Yes No	(d) Total receipts	NZD
<b>26. Does the Insured have any of the following exposures on Covered Premises?</b>			
Ship repair operations	Yes No	%	Describe exposure
Pleasure craft	Yes No		
Commercial	Yes No		
<b>Boat sales</b>			
New: Dealer	Yes No		
Broker	Yes No		
Consignee	Yes No		
Other	Yes No		
Used: Dealer	Yes No		
Broker	Yes No		

## A. Applicant details

Consignee	Yes	No		
Other	Yes	No		
Habitational	Yes	No		
Parts sales	Yes	No		
Retail stores	Yes	No		
Vessel rental	Yes	No		
Campsites/parks	Yes	No		
Restaurants	Yes	No		
Yacht club	Yes	No		
Live-aboards	Yes	No		
Marine contracting	Yes	No		
Boat building	Yes	No		
Boat design	Yes	No		
Marine surveyors	Yes	No		
Engineers/architects	Yes	No		

### 27. Five-year loss record

Date (dd/mm/yyyy)	Claimant	Description	Paid	Loss and expenses	
				Reserve NZD	Total NZD

All risk subject to inspection. All questions must be answered and application signed for coverage to be considered.

## Declaration

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

**(a)** All answers and statements in this proposal 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, this proposal 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 warrant that I/We will notify QBE of any material alteration to these facts whether occurring before or after the completion of this proposal.

**(d)** If any personal information is provided, I/We understand that:

- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE’s privacy policy available at <https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-information>
- (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
- (iii) Where I/We have provided someone else’s personal information, I/We confirm that I/We have obtained their consent to do so.

**(e)** QBE is authorised to disclose information received from me/us to its advisers, 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.

**(f)** I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			