Marine Charterers

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

Broker Company

- · 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.

Individual

• The signed form should then be posted, or emailed, to your broker.

Per	riod of Insurance From 4pm (dd/mm/yyyy		To 4pm (dd/mm/yyyy)	
A.	Applicant details			
1.	Name(s) in full			
2.	Address			
3.	How long has the company been in	ousiness?		
4.	. Principal's experience			
5.	Name of financier (if any)			

B.	Charters						
1.	Type of charters						Enclosed
	(Copies of current charter contracts are to I	be attached. Ple	ase tick to indicate enc	losure.)			Liiciosed
2.	Number of voyages (Voyage charters)		3. Nu	mber of vessels (Time charter	s)	
4.	Types of cargo carried						

C. Cov	C. Cover required					
Tick who	Tick where cover is required					
(a)	Hull Damage	Liability limit required	NZD			
(b)	Third Party	Liability limit required	NZD			
(c)	Cargo Damage	Liability limit required	NZD			
(d)	Freight, Demurrage an	nd Defence Liability limit required	NZD			

D. Vessel(s)				
1. Type	GRT	Class	P&I club entry	

D.	Vessel(s)					
2.	Which standard Charter Party forms do you us	se?				
2	De very bire array arrathan versale?				Yes	No
3.	Do you hire space on other vessels? If 'Yes', please give details				165	NO
4.	Navigation limits					
5.	At which ports do you most frequently load/di	scharge?				
6.	Do you ever issue and/or sign bills of lading?				Yes	No
	If 'Yes', please supply a copy of both sides of current bill of lading and tick to indicate enclosure					sed
7.	Do you run a regularly scheduled liner service	?			Yes	No
	If 'Yes', please supply a copy of the schedule ar	nd tick to indicate enclosi	ure		Enclo	sed
E.	Claims experience					
1.	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
	If your answer to any question above is 'Yes', p	lease give details.				

Declaration

- (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/prlvacy-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,
- (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		