

Stevedores 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. Main business					
3. Address(es) of location(s) to be insured					
4. How long have you been in the stevedoring business under present management?					
5. Please enclose a copy of your standard terms and conditions and tick to indicate enclosure.					Enclosed
6. Do you have any written contracts with specific clients which contain terms different from you standard terms and conditions? If 'Yes', please enclose full copies of all such contracts and conditions and tick to indicate enclosure.				Yes	No
7. 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 and conditions and tick to indicate enclosure.					Enclosed
8. Please advise the following for each of the past five years, together with your activity projection for the next 12 months.					
Policy year	Tonnage handled *	Total TEUS handled	Number of livestock	Number of automobiles	Stevedoring gross receipts
					NZD
					NZD
					NZD
					NZD
					NZD
Projection for next 12 months					NZD

* Exclude containerised cargoes, livestock and automobiles

A. Applicant details

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

Type of cargo	Tonnage handled in past 12 months*	Tonnage estimated for next 12 months	Method of loading or discharge**
General break-bulk cargoes (describe main types)			
Precise spec custom-built machinery/electronics#			
Refrigerated/chilled cargoes			
Bulk grain			
Coal/bulk ores (describe types of ore)			
Liquid chemicals (describe types)			
Bulk mineral oils			
Bulk vegetable oils (describe types)			
Scrap metal/unprotected steel			
Heavy lift cargoes (describe types)			
Livestock (describe types)			
Containerised cargoes (describe types)			
Empty containers			
Automobiles			
Explosive, flammable and toxic cargoes (describe types)			

* Except for livestock and automobiles, where advise actual numbers handled, and containerised cargoes, where advise total TEUS handled.

** ie crane, grab, conveyor belt, net or sling, vacuum, container crane, driven-off, roll-on, roll-off, etc.

Describe in detail and note average and maximum value per item.

10. 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 |

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

- | | | |
|---|-----|----|
| (a) Is this an absolute responsibility, or do you act under the supervision of the shipowner? | Yes | No |
|---|-----|----|

12. 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 kind of cargo are involved? | |

A. Applicant details

13. 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

14. Please advise your stevedoring payroll for the past five years, together with a projection for the next 12 months (including payments to subcontractors).

Year	Stevedore's payroll
	NZD
	NZD
	NZD
	NZD
	NZD
Next 12 months	NZD

15. Terminals

(a) Do you own the terminals you service?

Yes No

(b) 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?

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

Yes No

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

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

(a) What percentage of the time does this happen	%
(b) Whose employees (yours or the ship's) operate the equipment?	

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

Yes No

18. Please provide details of all losses, insured or not, for the past five years.

Date of loss	Brief description of circumstances surrounding loss	Status of loss *	Amount of loss **
			NZD
			NZD
			NZD
			NZD
			NZD

* Status of loss, ie if paid or reserved.

** Amount of loss before application of any deductible. Identify legal or investigative fees separately.

19. Limit of Liability insurance requested

NZD

A. Applicant details

20. Current insurance	Insurer(s)		Expires on (dd/mm/yyyy)	
21. Has any insurer ever cancelled or refused to renew your insurance? If 'Yes', please give details.				Yes No

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			