

Professional Mariners Protection

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. Full name

2. Physical address

3. Date of birth (dd/mm/yyyy)

4. Period of insurance From 4pm (dd/mm/yyyy)

To 4pm (dd/mm/yyyy)

B. Maritime documents

1. List all licences, permits or other maritime documents issued under the provisions of the Marine Transport Act 1994

Copies of current documents must be attached (Please tick to indicate enclosure)

Enclosed

Maritime document/ licence	Grade	Official number	Date issued	Expiration date

2. Where more than one class of document is held please state last time employed using each licence and give brief details.

B. Maritime documents

3. If you are currently serving as a pilot, please indicate which ports you navigate and the regional councils by which you are employed.

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C. Employment

1. Name of vessel

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2. Previous name (if any)

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3. Registration number

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4. Year built

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5. Type and design

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6. Material of hull

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7. Dimensions

Length		Beam	
Draft		Depth	
Tonnage			

8. Current type of operations (eg tug, ferry, passenger, charter)

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9. Does your employer include 'liability of the master' in the vessel's liability insurance?

Yes No

10. Do you have a formal employment contract with your employer?

Yes No

If 'Yes', please provide a copy and tick to indicate enclosure

Enclosed

11. Give brief details of your past seven years of employment, both past and present. (Only give details if employment was on board.)
Include any unemployed periods.

Name of employers	Vessel's name	Period of employment	Position	Type of vessel

12. Have you ever had a maritime document reduced in scale, suspended or revoked?

Yes No

13. Have you ever been the subject of an official inquiry as a result of your maritime employment?

Yes No

C. Employment

14. Have you ever been involved in or are you aware of any other incident, which occurred while sailing under your marine document, that could have or may result in an action against your maritime document? If 'Yes', please provide full details.		Yes	No
15. Have you ever been named in a civil legal action resulting from any incident occurring while sailing under your marine document? If 'Yes', please provide full details.		Yes	No
16. Have you suffered any accident or incident causing loss or damage (whether an insurance claim was made or not) on any vessel under your control at the time of such loss? If 'Yes', please provide full details.		Yes	No
17. Are you a member of a professional mariners organisation eg NZ Marine Transport Association or Merchant Service Guild? If 'Yes', please provide your membership number		Yes	No
18. What was your average monthly income over the past six months from Insured Activities (base wages plus overtime)?		NZD	

D. Professional equipment

Please provide a list of any personally owned professional equipment and the current replacement value that you use in the course of your marine duties for which insurance coverage is required (eg laptop computers, sextants, handheld communications equipment, handheld GPS equipment, binoculars etc).

Description of item	Serial number	Date purchased	Replacement value
			NZD
			NZD
			NZD
			NZD
			NZD

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			