

Marine Builders Risk 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

A Applicant details

1. Name of builder

Phone: Day After hours

Address

2. Name of buyer

Phone: Day After hours

Address

3. Who is applying for this insurance? Builder Buyer

4. Other interested parties and amount of finance



B Build details

1. Location of builder's yard or premises

2. Construction of builder's premises

3. What security measures are currently in place at the builder's premises?

4. What fire protection systems and appliances are currently in place?

5. Will any offsite work be undertaken?

Yes No

If 'Yes', please provide details of the nature of work and the premises where such work will be undertaken.

Subcontracted work

6. Will work be subcontracted out?

Yes No

7. Name of subcontractor(s)

8. Work to be carried out by subcontractor(s)

9. Location of yard or premises where subcontracted work is to be completed and contract value of subcontracted work

Timeframe

10. Commencement date of construction

dd / mm / yyyy

11. Value at commencement of construction (going-on value)

NZD

12. Expected launch date

dd / mm / yyyy

13. Expected handover date

dd / mm / yyyy

C Vessel details

1. Type of vessel				
2. Hull	Material		Length	
	Gross Tonnage		Beam	
			Draft	
3. Engines	Type		Horsepower	
			Value	NZD
4. What is the build up in value of the vessel over the construction period at:				
(a) Quarter (¼) way stage?	Date	dd / mm / yyyy		NZD
(b) Half (½) way stage?	Date	dd / mm / yyyy		NZD
(c) Three-quarters (¾) way stage?	Date	dd / mm / yyyy		NZD
(d) Total value of completed vessel?	Date	dd / mm / yyyy		NZD

D Cover required

1. Do you require increased Protection and Indemnity cover?	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', what amount?				NZD
2. Is cover required for any of the following:				
(a) transit of materials to construction premises?	Yes	<input type="radio"/>	No	<input type="radio"/>
(b) overland delivery of completed vessels to owner or to launching site?	Yes	<input type="radio"/>	No	<input type="radio"/>
(c) launching?	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', please detail method of launching.				
(d) builder's trials?	Yes	<input type="radio"/>	No	<input type="radio"/>
(e) latent defects?	Yes	<input type="radio"/>	No	<input type="radio"/>
(f) partial loss profit?	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', what net profit percentage is required?				%
(g) subcontractors?	Yes	<input type="radio"/>	No	<input type="radio"/>
3. Please attach a copy of the build contract (pro forma if necessary) and tick to indicate enclosure.				Enclosed <input type="radio"/>
4. Please attach a copy of any subcontracts (pro forma if necessary) and tick to indicate enclosure.				Enclosed <input type="radio"/>

E Claims experience

1. **Has any insurer ever cancelled, or declined to insure or renew, any policy for any vessel to be built by you?** Yes No
If 'Yes', please provide details.
2. **Has any insurer ever imposed an above-normal excess, increased rates or applied special conditions on any policy for any vessel built by you?** Yes No
If 'Yes', please provide details.
3. **Have you or any partner, director or shareholder, or any person who will be involved in the running of the vessel, to your knowledge, ever:**
- (a) made a claim in respect of marine insurance? Yes No
- (b) been involved in any way, at any time, in a total loss? Yes No
- If 'Yes', to either (a) or (b) above, please provide details.
4. **Have you ever suffered any accident or incident causing loss or damage (whether an insurance claim was made or not) on this vessel or any vessel under your control at the time of such loss?** Yes No
If 'Yes', please provide details.

Declaration

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

- 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.
- 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.
- I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- 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.
- 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

Printed name Phone

Position Mobile

Email address