# Marine Liability Marina Operators Liability Proposal Form

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Please email completed forms

to qbemarine@qbe.com

Yes

No

QBE Insurance (Singapore) Pte Ltd

You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise, the policy issued hereunder may be void.

If you have insufficient space to answer any questions, please attach a separate sheet.

Υοι	ur Agent/Broker	Account No.			
Α.	Details of Applicant				
1.	Company Name and Address				
2.	Email	3.	Date Company Established		
4.	Location of Marina				
5.	Are the premises solely occupied by you?		Yes No		
	If "No", give details of other occupants and their business activit	ties			

## B. Details Of Business & Personnel

- 1. Trade Associations
- 2. Names and qualifications/years experience of directors and senior managers

3. Type, size, values and number of vessels using marina (average and maximum)

Vessels	Туре	Average Size	Maximum Value	No.	Size	Value
Pleasure Craft						
Commercial Craft						

4. Description and capacity of cranes, lifts and hoists

- i) Are there facilities for lifting vessels out of water?
- ii) Do you sub-contract the lifting facilities? If "Yes", to whom?

5.	Type and number of berths	Pontoons [	]	Swing Moorings [	]	Others,		[	]
6.	Do you restrict access to berth hole	ders only?				Yes	No		
7.	7. Do you carry out work away from your premises (in excess of 40 kilometres)? If "Yes", please give details of work undertaken				Yes	No			

8.	Hav	ve your premises or surrounding/local a	rea ever experienced			
	a)	Flooding			Yes	No
	b)	Subsidence, heave, landslip or erosion			Yes	No
	c)	Lightning			Yes	No
	d)	Any severe weather or catastrophes,			Yes	No
9.	Los	ss Prevention/Risk Management				
	a)	Do you have a property and equipmen	t maintenance programme?		Yes	No
	b)	Do you have a staff training programm	e?		Yes	No
	c)	Do your security precautions include:				
		- 24 hour security guards?			Yes	No
		- All buildings/perimeter fences/gates	alarmed?		Yes	No
		- Close Circuit TV?			Yes	No
		- Continual documentation security c	hecks?		Yes	No
		- Others? Please provide details below	v or attach the details		Yes	No
		<b>S</b>				
	d)	Do you have adequate firefighting equ			Yes	No
	e) 	Distance and location of your nearest f Are there any revisions to the loss prev				
	1)	in (a) to (c) above envisaged/planned d	uring the policy period?		Yes	No
		If "Yes", please provide details below or	attach the details.			
	g)	Please attach a copy of the following				
		<ul> <li>Latest Annual Report</li> <li>Handbook</li> </ul>				
		<ul> <li>Map of the marina, its boundaries ar</li> </ul>	nd confines			
		- Recent survey of your facilities				
C.	Fin	ancial Details				
1.	Anı	nual Turnover				
		Last Year Actual	Current Year Estimate		Next Year Estimate	
2.	Sor	vices to be insured (Please tick the serv	ices you provide to your customers)			
۷.	501		% of Your Estimate	ed Annual	Do you sul	h-contract
			Turnover for Cu		-	e services?
		Mooring vessel at slips, spaces, wharve	es, buoys, etc.	%	Yes	No
		Storage		%	Yes	No
	Repairs, alterations, maintenance   %					No
	Hauling out and launching not in connection with (2) or (3) %					No
		Fuelling and miscellaneous servicing o	Yes	No		
		i) Petrol - state capacity and age of t	ank			
		ii) Diesel - state capacity and age of	tank			
		Distance from the nearest building, mo	oring or other pontoon			
		Any other activities to be insured (plea	se provide details)	%	Yes	No

3.	Contracts with customers							
	a)	Standard contracts?	Yes	No	If "Yes", please provide copy of contract.			
	b)	Individual user agreements?	Yes	No	If "Yes", please provide copy of contract.			
	c)	No contracts?	Yes	No				
Do you always make your customers aware of these contracts, if any, prior to any transaction?				any transaction? Yes No				

## D. Loss Details

Loss record as marina operators for the last five years (including incidents reported and claims not paid):

Date of Loss	Loss Description	Loss Amount (Paid/Outstanding)	Status (Open/Closed)	

Ε.	De	tails Of Insurance Cover				
	1.	Cover requested from	From	То		
	2.	Limit of liability required				
	<ol> <li>Has any insurer declined insurance or imposed any special conditions? If "Yes" please provide details</li> </ol>			al conditions?	Yes	No
	4.	Are you currently insured for liability ris If so, by whom and what is your current		nd premium?	Yes	No
	5.	Please detail any additional information	relating to the pro	oposed risk.		

### F. Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to <a href="mailto:info.sing@qbe.com">info.sing@qbe.com</a>

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the
  purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

#### G. Declaration and Signature

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name	Designation
Stamp/Signed	Date