

Marine Liability Marine Terminal Operators Liability Proposal Form

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.

Please email completed forms to info.sing@qbe.com

Your Agent/Broker

Account No.

1. Name, Address & Email

Please list the name and also provide brochure/website or other marketing information.

2. Location(s)

Please list the address of your location(s) (including post code or zip code and latitude and longitude).

3a. Services

Types of operation performed by you (please tick those relevant to you)

- | | |
|--|---|
| <input type="checkbox"/> Stevedoring | <input type="checkbox"/> Local collection and delivery |
| <input type="checkbox"/> Marine terminal operator | <input type="checkbox"/> Depot operator |
| <input type="checkbox"/> Container/trailer freight station | <input type="checkbox"/> Equipment repair/refurbishment |
| <input type="checkbox"/> Container/trailer storage | <input type="checkbox"/> Waste disposal |
| <input type="checkbox"/> Inland Clearance Depot (ICD) | <input type="checkbox"/> Advice to other operators |
| <input type="checkbox"/> Airfreight terminal/depot | <input type="checkbox"/> Operating a chassis pool |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Security (e.g. Police) |
| <input type="checkbox"/> Emergency (e.g. Fire) | <input type="checkbox"/> Bunkering |
| <input type="checkbox"/> Other (please specify and give details) | |

Are any services subcontracted out?

Yes No

If "Yes" (specify which)

Please attach a copy of your latest annual report/handbook and a map of the terminal, its boundaries and confines.

3b. Services - Warehousing

Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerised cargo)

i) What is your responsibility for the cargo stored?

- No Responsibility (If "Yes", please move to Question 4) Yes No
- Responsible only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes No
- Responsible for care, custody and control of all cargo, but no responsibility for force majeure? Yes No
- Responsible for care, custody and control of all cargo, including responsibility for force majeure? Yes No

ii) Please provide estimated maximum value of goods stored at any one time _____

iii) What % of your total revenue is generated by warehousing operations? _____ %

iv) Do all warehouses have sprinklers and fire detection systems? Yes No
If "No", please **attach** details of your fire detection measures.

v) Is there a fire main throughout the site? Yes No

vi) Is there an emergency fire pump or suitable reserve power supply to ensure there is fire-fighting water at all times? Yes No

4. Contracts/Indemnities

a) Contracts with Customers (for example shipping lines)

Do you have any of the following contracts with your customer(s)?

And if so, please indicate the extent of any liability for your negligence (please tick the relevant box):

	Limited Liability iro negligence		Unlimited Liability iro negligence		No Liability		Other	
No contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standard contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual user agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Port tariff/act/bylaws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Other" is ticked, please give details.

b) Other Contracts

Have you indemnified another person for his negligence under any agreement (e.g. for equipment, land or buildings)?

Yes No

If "Yes", please give details separately.

Have you waived rights of recourse against another person?

Yes No

If "Yes", please give details separately.

c) Subcontractors

Is there a requirement in your contract with subcontractors that they have adequate liability and property insurance?

Yes No

If "Yes", what is the minimum limit that you require?

Do you check annually that all subcontractors maintain and renew their insurance?

Yes No

Note: There is a policy requirement that your Subcontractors purchase and maintain adequate liability and property insurance, and that you review those policies annually.

d) Limit of Liability

What is the limit of liability required under the Policy?

5. Volumes

a) Please advise Cargo throughputs **per Policy Year**

	Last Year	Current Year	Next Year Estimate
TEUs			
Break Bulk (tonnes)			
Dry Bulk (tonnes)			
Wet Bulk (tonnes)			
Autos			
Passengers			
Others (specify below)			

b) What is your annual revenue?

	Last Year	Current Year	Next Year Estimate

c) How many vessel calls per annum? Please provide figures broken down into size of vessel

	Last Year	Current Year	Next Year Estimate
Up to 5,001 GT			
5,001 - 15,000 GT			
Over 15,000 GT			

6. Loss Prevention/Risk Management

- a) Do you have a property and equipment maintenance programme? Yes No
- b) Do you have a staff training programme? Yes No
- c) Do you 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 checks? Yes No
 - Others? Please **attach** details Yes No
- d) Can you provide us with a copy of a recent survey of your facilities? Yes No
- e) Are there any revisions to the loss prevention/risk management measures in **a) to c)** above envisaged/planned during the policy period? Yes No
If "Yes", please **attach** details.
- f) Is the International Ship & Port Facility Security Code applicable to you and if so, are you compliant? Yes No

7. Handling Equipment

Please provide the aggregate value for the current year and next year and **attach a schedule** showing against each item, description, value and age.

Are your declared values based on:

- a) New replacement value? Yes No
- b) Market value? Yes No
- c) Depreciated (book) value? Yes No

Please provide your estimated **Maximum Possible Loss**.

8. Property

a) Please provide a summary of property values broken down as follows:

Wharves, Quays and Jetties

Buildings

Warehouse/Storage Facilities

Sum Insured ()

b) Please also **attach a full schedule** with description, values, age, location including details of construction and details of fire extinguishing appliances / sprinklers;

c) Please itemise separately (together with the location) any single structure where the insured value is in excess of USD 15,000,000;

d) Please itemise separately (together with location) any property outside the confines of the port;

Please provide your estimated **Maximum Possible Loss**.

9. Claims History

Please **attach** separate Liability claims history (both paid and outstanding and any related fees or expenses **including legal fees**) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also **attach** details of any existing litigation.

Name	Designation
Stamp/Signed	Date

IMPORTANT

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Policy.

10. Declaration

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No

Signature and Company Stamp	Date
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11. Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
QBE Insurance (Singapore) Pte. Ltd.
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

QBE Insurance (Singapore) Pte Ltd
Part of QBE Insurance Group Unique Entity No. 198401363C
1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Tel: (65) 6224 6633
www.qbe.com/sg