

Marine Liability Marina 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. _____

A. 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 activities

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	Type	Average	Maximum	No.	Size	Value
		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? Yes No
If "Yes", to whom?

5. Type and number of berths Pontoons [] Swing Moorings [] Others, _____ []

6. Do you restrict access to berth holders only? Yes No

7. Do you carry out work away from your premises (in excess of 40 kilometres)? Yes No
If "Yes", please give details of work undertaken

8. Have your premises or surrounding/local area ever experienced

a) Flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Subsidence, heave, landslip or erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Lightning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Any severe weather or catastrophes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Loss Prevention/Risk Management

a) Do you have a property and equipment maintenance programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Do you have a staff training programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do your security precautions include:		
- 24 hour security guards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- All buildings/perimeter fences/gates alarmed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Close Circuit TV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Continual documentation security checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Others? Please provide details below or attach the details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Do you have adequate firefighting equipment throughout your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Distance and location of your nearest fire station		
f) Are there any revisions to the loss prevention/risk management measures in (a) to (c) above envisaged/planned during the policy period? If "Yes", please provide details below or attach the details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Please attach a copy of the following		
- Latest Annual Report		
- Handbook		
- Map of the marina, its boundaries and confines		
- Recent survey of your facilities		

C. Financial Details

1. Annual Turnover

Last Year Actual	Current Year Estimate	Next Year Estimate

2. Services to be insured (Please tick the services you provide to your customers)

	% of Your Estimated Annual Turnover for Current Year	Do you sub-contract the services?
<input type="checkbox"/> Mooring vessel at slips, spaces, wharves, buoys, etc.	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Storage	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Repairs, alterations, maintenance	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hauling out and launching not in connection with (2) or (3)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fuelling and miscellaneous servicing of a transient nature	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Petrol - state capacity and age of tank		
ii) Diesel - state capacity and age of tank		
Distance from the nearest building, mooring or other pontoon		
<input type="checkbox"/> Any other activities to be insured (please provide details)	%	<input type="checkbox"/> Yes <input type="checkbox"/> 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? 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)

E. Details Of Insurance Cover

1. Cover requested from From To
2. Limit of liability required
3. Has any insurer declined insurance or imposed any special conditions?
If "Yes" please provide details Yes No
4. Are you currently insured for liability risks?
If so, by whom and what is your current limit, deductible and premium? Yes No
5. Please detail any additional information relating to the proposed risk.

F. Personal Information Collection Statement ("PICS")

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 www.qbe.com/sg. 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.

Please tick here if you do not want us to use your personal data to contact you by email with information about goods and services of QBE SG or their affiliates.

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

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

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