



LIBERTY INTERNATIONAL UNDERWRITERS

Marine & General Liability Proposal

Your Duty of Disclosure

A. Your attention is drawn to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides, in relation to your duty of disclosure, as follows:

Section 21 (1) Subject to this Act, an Insured has a duty to disclose to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:

- (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms, or
- (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant.

(2) The duty of disclosure does not require the disclosure of a matter:

- (a) that diminishes the risk,
- (b) that is of common knowledge
- (c) that the insurer knows or in the ordinary course of his/her business as an insurer ought to know, or
- (d) as to which compliance with the duty of disclosure is waived by the Insurer.

(3) Where a person:

- (a) fails to give an answer, or
- (b) gives an obviously incomplete or irrelevant answer to a question included in a proposal form about a matter, the Insurer shall be deemed to have waived compliance with the duty of disclosure in relation to the matter.

If insufficient space on this form, please use an attachment page

1. The Insured & Business Description

(a) Full name of proposed Insured including subsidiaries

ABN

(b) Full description of your Business operations and activities

2. Period of Insurance

From: / / at 4pm Local Standard Time

To: / / at 4pm Local Standard Time

3. Limit of Indemnity

What Limit of Indemnity is required?

\$5 million
 \$10 million
 \$20 million
 Other _____

4. Details of Premises, Facilities & Work Performed

(a) Details of **premises** occupied for the purpose of conducting the Business

Location	Construction	Age	Fire & Burglary Protection	Owned or Leased
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

(b) Details of **facilities**

Facilities	Location 1 (as per (a) above)	Location 2 (as per (a) above)	Location 3 (as per (a) above)
	Eg. Yes / 2	Eg. No	Eg. Yes / 5
Slipway Yes/No & Number	_____	_____	_____
Dry Dock Yes/No & Number	_____	_____	_____
Floating Dock Yes/No & Number	_____	_____	_____
Work Barges Yes/No & Number	_____	_____	_____
Cranes/Cradles Yes/No & Number	_____	_____	_____
Moorings Yes/No & Number	_____	_____	_____
Fuel Storage Yes/No & Number	_____	_____	_____
i. On or over water? Yes/No & Qty	_____	_____	_____
ii Land based U/G or Above & Qty	_____	_____	_____

(c) Type of **work performed**

Marine – Repairs, Maintenance & Service	Yes/No	% of Revenue	% of Revenue for Work Performed Away form Your Premises
i. Vessels	_____	_____	_____
i.i structural repairs to hulls	_____	_____	_____
i.ii electrical repairs to hulls	_____	_____	_____
i.iii mechanical repairs to hulls	_____	_____	_____
i.iv installation/electrical/or fitting out of motors	_____	_____	_____
ii. Wharves, Jetties, Piers, Seawalls etc	_____	_____	_____
iii. Other – Please describe	_____	_____	_____
Marine – Manufacturer			
iv. Vessels <10 metres	_____	_____	_____
v. Vessels > 10 metres	_____	_____	_____
vi. Other Products used in vessels – Please describe	_____	_____	_____
Non Marine Work (please describe)			
_____	_____	_____	_____
_____	_____	_____	_____

5. Quality Control & Risk Management

(a) Quality Assurance

- i. Do you have ISO or other Industry accreditation? Yes No
If Yes, please attach copy of certificate.

If No, please detail your formal internal QA procedures or the Australian or Industry Standards you work to.

(b) Pollution

- i. Are you required to hold EPA or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes No

If yes, please provide details

- ii. Does your use and storage of all toxic, dangerous and hazardous substances or waste comply with all statutory regulations and by-laws? Yes No

iii. Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.

(c) Sub Contractors – Workers on Site

- i. Is there a formal site induction for Sub Contractors or other Workers at your premises or worksite? Yes No

- ii. Do you request evidence of Liability Insurance from your Sub Contractors? Yes No

(d) Hotwork

- i. Do you perform hotwork? Yes No

- ii. If yes, is all work performed to Australian Standard 1674 “Safety in Welding and Allied Processes”? Yes No

- iii. Is there a fire watch on each side of the bulkhead being welded? Yes No

- iv. Hotwork on vessels not previously engaged in carrying hazardous cargos. Yes No

- v. Hotwork on vessels previously engaged in carrying hazardous cargos Yes No

- vi. Any hotwork undertaken or away from your premises? Yes No

If yes, please provide further details.

- (e) **Contractual**
- | | | |
|---|-----|----|
| i. Do you have standard contractual conditions of work?
(if yes, please attach a copy) | Yes | No |
| ii. Are these conditions used in every instance? | Yes | No |
| iii. Do you enter into agreements whereby you assume liability under contract or hold other parties harmless?
If yes, please provide full details and attach copies of all agreements. | Yes | No |

6. Estimated Revenue, Payroll, Sub Contractor & Labour Hire Payments

- (a) **Revenue**
- | | |
|--|----------|
| i. What is your estimated gross annual revenue for the forthcoming year? | \$ _____ |
| ii. What was your gross revenue last year? | \$ _____ |
- (b) **Payroll** (excluding payments to sub-contractors and labour hire employees)
- | | |
|--|----------|
| i. What is your estimated annual payroll for the forthcoming year? | \$ _____ |
| ii. How many partners or principals? | No. |
- (c) **Sub Contractors**
- | | | |
|--|----------|----|
| i. Do you use the services of any sub contractors? | Yes | No |
| If Yes, Estimated annual payments: | \$ _____ | |
| Are payments for labour only or labour & materials? Please circle. | | |
| Activities undertaken: _____ | | |
- (d) **Labour Hire or Agency Labour**
- | | | |
|---|----------|----|
| i. Do you use the services of any labour hire or agency labour personnel? | Yes | No |
| If Yes, Estimated annual payments: | \$ _____ | |
| Activities undertaken: _____ | | |

7. Care, Custody and Control

- (a) **Vessels**
- i. Size & type of vessels normally worked upon _____
- ii. Individual Vessel Value
- What is the approximate average and maximum **value** of the vessels being worked upon:
- Average \$ _____
- Maximum \$ _____
- iii. Accumulated Vessel Values
- What is the average and maximum **number** of vessels being worked upon at any one time?
- Average _____ Number: _____
- Maximum _____ Number: _____
- iv. Vessel transport
- | | | |
|--|-------|----|
| Do you road or rail transport non owned vessels? | Yes | No |
| If yes, please provide details. | _____ | |

(b) Other Property

i. Do you require cover for property of others (not vessels) in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy) Yes No

If yes,

ii. What is the total value of such property at all locations? \$ _____

iii. Give a brief description of such property

8. Claims and/or Loss Experience

(a) Have you had any insured and/or uninsured claims in the last five years? Yes No
If yes, please provide details below

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From _____ to _____				
From _____ to _____				
From _____ to _____				
From _____ to _____				
From _____ to _____				

(b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No

If yes, please provide details

9. Previous Insurance History

After investigation have you ever had any:

(a) Insurance declined or cancelled? Yes No
(b) Renewal refused? Yes No
(c) Special conditions imposed? Yes No
(d) Claims denied for this class of insurance? Yes No

10. Broker Information

Broker name _____

Address _____

Declaration

I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Contract Proposed.

Signature(s)

Title/Position

Date

PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information."

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