ZURICH[®]

Ship Repairers Liability Insurance

Proposal form

Completing the Proposal form

- 1. This application must be completed in full including all required attachments.
- 2. If more space is needed to answer a question, please attach a separate sheet with details.
- 3. The terms proposer, whenever used in this proposal form shall mean the policyholder listed and all subsidiary companies of the policyholder for which coverage is proposed under this proposal.
- 4. The terms policyholder and subsidiaries have the same meaning in this proposal form as in the policy.

Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Name				
-				
Address				Postcode
Website address				
How many years has th	he business been in operation	?		
	of the principal's ship repairing	j experience		
Period of cover r	equired			
From AEST 4pm	/ /	To AEST 4pm	/ /	
Cover options				
-	-i+			
Indicate limit of indem				
Please indicate 🕜 if yo	ou require any of the following	g additional optional ber	efits (please note a request to inc	lude any additional
optional benefits ma	y attract additional premiu	m)		
Extended hotwork				
Yes No No If 'Y	es' please advise details of th	ne types of hotwork unde	rtaken and attach a copy of your sa	fety procedures and protoc
103 100 11 1	es, piease advise details of th	ic types of flotwork affac	rtakeri and attacii a copy or your sa	icty procedures and protoc
Other work				
Yes No No If 'Y	Yes', please provide details of o	other work performed		
		•		
	guarantee			
Warranty/maintenance		our Warranty/Maintenang	re Guarantee Contract and your star	ndard terms and condition
Warranty/maintenance Yes \(\) No \(\) If 'Y		our Warranty/Maintenanc	e Guarantee Contract and your star	ndard terms and conditions
Warranty/maintenance Yes ○ No ○ If 'Y Worldwide services	/es', please attach a copy of yo			ndard terms and conditions
Warranty/maintenance Yes ○ No ○ If 'Y Worldwide services	/es', please attach a copy of yo		e Guarantee Contract and your star	ndard terms and conditions
Warranty/maintenance Yes ○ No ○ If 'Y Worldwide services	/es', please attach a copy of yo			ndard terms and conditions
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Do you provide your services at specific prem	ises?	Yes	No (If 'Yes'	nlease nr	ovide addre	ss details
					picase pi		
Do you own or lease the premises?		Own 🔘	Lease				
Are you the sole occupier of the premises?		Yes 🔾	No 🔾	If 'No', p	olease pro	ovide details	of other occupa
Do you use the premises for any purpose oth	ner than ship repairing?	Yes 🔘	No 🔘	If 'Yes',	please pr	ovide details	 S
Susiness premises							
lease provide a general description of the fa	cilities you use in the co	ourse of you	r ship repairi	ng busine	ess and in	idicate whet	her you own
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Please provide a general description of the fa or lease facilities. Facility Buildings (construction and use)		ourse of you	r ship repairi	ng busine	ess and in	idicate whet	her you own
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Buildings (construction and use) Slipway (capacity) Berths/jetties/pontoons (number of each) Floating dock (capacity) Cranes, forklifts (capacity) Travel lifts etc (capacity) Cradles (capacity) Car parks (number of spaces, marked bays?) Other (eg retail premises) Are the premises securely fenced? s there a monitored security alarm or a secur	Description ity surveillance service?		,	Yes O	No 🔾		
Please provide a general description of the fact lease facilities. Facility Buildings (construction and use) Slipway (capacity) Berths/jetties/pontoons (number of each) Floating dock (capacity) Cranes, forklifts (capacity) Travel lifts etc (capacity) Cradles (capacity) Car parks (number of spaces, marked bays?) Other (eg retail premises) Are the premises securely fenced?	Description ity surveillance service?		,	Yes O	No No No No	If 'Yes', ple	
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	ype of work you perform including the percent	age or ove	erali work		
Туре	Description				%
Hull					
Electrical					
Mechanical/engine repair/maintenance					
Hotwork - please advise the types of hotwork undertaken and attach a copy of your safety procedures and protocol					
Spray painting					
Rigging					
Other					
Do you build new watercraft?		Yes	No 🔾	If 'Yes', please	provide detail
Do you undertake structural conversions of	watercraft?	Yes	No 🔾	If 'Yes', please	provide detail
s any work performed away from your prer f 'Yes', please provide details and advise pro Do you perform work on watercraft whilst of t'Yes', please provide details and advise pro	oportion (%) of your overall work operating at sea?	Yes Yes	No O		
Do you remove watercraft from the water in f 'Yes', please advise frequency and details	-	Yes	No 🔵		
Do you handle dangerous goods in the coun f 'Yes', please provide details including stru	rse of your business? cture and location of dangerous goods store	Yes 🔵	No 🔵		
Do you manufacture or produce any produc	ts?	Yes O	No O	If 'Yes', please	provide detail
Do you sell, supply, distribute, import or exp	ort any products? g from these products will not be insured				

	a temporary basis (up to 120 days)?		/es \(\) No \(\)	If 'Yes', please provide deta
Please provide details of all	watercraft worked upon			
Vessel type	Maximum value \$	Maximum GRT/l	ength	% of total business
Tourist/charter	\$			
Pleasurecraft	\$			
Commercial fishing	\$			
Coastal/ocean going	\$			
Navy/defence force	\$			
Oil rigs and the like	\$			
Other	\$			
Please provide details of you	ur workforce	Description	Number	% of gross charges
		Employees	- Itamber	70 01 g. 033 c. iai ges
		Subcontractors		
		Labour hire		
		Other		
Are subcontractors required	to hold and provide evidence of their	own liability insurance?		Yes No (
Please provide a breakdown including work performed l		Description	Estima	ted – next 12 months
регисти	-, ,,	Ship repair activities	\$	
		Other work	\$	
Do you offer your services ur	nder terms other than standard terms an	nd conditions or similar term:	s of contract?	Yes No (
Do you offer your services ur f 'Yes', please attach a copy Do you offer your services u other specialist contracts)?		I terms and conditions, (ie lo		
Do you offer your services ur f 'Yes', please attach a copy Do you offer your services upther specialist contracts)? f 'Yes', please provide detail	y Inder terms other than under standard ils and attach a copy of all relevant cor trading conditions or similar terms of	I terms and conditions, (ie lo	ong term, defend	Yes No (
If 'Yes', please attach a copy Do you offer your services u other specialist contracts)? If 'Yes', please provide detail	y under terms other than under standard ils and attach a copy of all relevant cor	I terms and conditions, (ie lo	ong term, defend	Yes No (

Claims experience			
In the past five years, have any claims (insured/uninsured) been made again	nst you? Yes) No 🔾	If 'Yes', please provide details
Have any incidents occurred which would be a claim under the policy now be	ing applied for? Yes) No 🔾	If 'Yes', please provide details
Are there any claims or actions pending or outstanding against you?	Yes) No 🔾	If 'Yes', please provide details
Prior insurance Name of your current or prior insurer and due date for renewal			
			/ /
Has any insurer ever declined insurance or imposed special conditions?	Yes) No 🔾	If 'Yes', please provide details
Has any insurer ever cancelled or refused to renew your insurance?	Yes	No 🔾	If 'Yes', please provide details
Declaration We authorise Zurich Australian Insurance Limited to collect or disclose any insurers or insurance reference service.	y personal information re	lating to t	his insurance to/from any other
I/We declare that I/we have read and understood the duty of disclosure, no		conditions	contained herein and confirm
that no information has been withheld which could affect the acceptance	ot this application.		
Name of proposer (print)			
Signature of proposer		Date	/ /
No insurance cover is provided until the above proposal is accepted	and details of cover a	re confirn	ned in writing by Zurich
Australian Insurance Limited.			
Office use	only		
Intermediary	Premium	,	Agent No.
	\$ Special Conditions		
	25.13.13		