

Marine Combined Liability Insurance Application Form

Trident Marine Insurance



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HOW TO FILL OUT THIS FORM

For questions with multiple choice answers, please tick the box in front of the correct answer.
For other questions, please write the information requested in the spaces provided.
If there is inadequate space to answer any questions, please attach a separate sheet of paper.
Please complete each question on this Proposal Form fully and accurately.

THE APPLICANT/S

BROKER/AGENT

Phone _____ Fax _____

INSURED NAME(S)

Full Name ① _____

Full Name ② _____

ADDRESS

Number/Street Name _____

Suburb/City _____ Postcode _____

CONTACT DETAILS

Email _____ Work Ph _____

Home Ph _____ Mobile _____

ARE YOU REGISTERED FOR GST?

Yes No A.B.N _____ Percentage of Business Taxable _____ %

PERIOD OF INSURANCE

From 4.00pm _____ To 4.00pm _____

DETAILS OF THE BUSINESS / PREMISES

FULL DESCRIPTION

Please provide a full description of your business operations & activities. _____

HOTWORK

Do you perform hotwork? Yes No

If 'Yes', is all work performed to Australian Standard 1674 "Safety in Welding & Allied Processes". Yes No

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

Hotwork on watercraft previously engaged in carrying hazardous cargos?
(e.g. ammunition, explosives, bulk oil or flammable liquids in bulk or gas in bulk). Yes No

If 'Yes', please provide full details of watercraft and hazardous cargo _____

Any hotwork undertaken away from your premises? Yes No

If 'Yes', please give comprehensive details _____

Do you perform any of the following?

Structural work Electrical work Mechanical work Installation work

Hull baking oven Spray painting/sand blasting Rail/cradle use/operation Other

Construction/maintenance on wharfs/jetties/piers/seawalls Manufacturing of watercraft Manufacture of marine components

If 'Yes', to spray painting/sand blasting, is all work performed in an enclosed booth or workspace? Yes No

Do you have any representatives outside Australia? Yes No

If 'Yes', where and what is the nature of your representation outside Australia?
(e.g. domiciled employee, power of attorney, branch subsidiary, agency, etc) _____

DETAILS OF THE BUSINESS / PREMISES (cont'd)

EXPERIENCE Number of years experience in this business? _____

LOCATION Location of premises occupied for this business? _____

OPERATIONS Do you or anyone on your behalf operate, manage or own any of the following?

Description	Yes / No		If 'Yes', please provide details. Number, size, capacities.
Slipway	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Dry dock	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Floating dock	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Work barges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Cranes / cradles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Moorings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fuel storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

REPAIRS Please describe what type of repairs are undertaken (if applicable):

Hull _____ Timber _____
 Mechanical _____ Aluminium _____
 Fibreglass _____ Electrical _____
 Steel _____ Other _____

WATERCRAFT WORK What types of watercraft are worked on and approximate percentage?

Private _____ % Commercial _____ % Fishing _____ % Other _____ %
 What is the maximum length and/or value of watercraft worked on? _____ (metres/feet)

What is the maximum number of watercraft being worked on at any one time? _____

Do you have any product which is incorporated into the structure, machinery or control of any aircraft or aerial device? Yes No

If 'Yes', please give comprehensive details _____

POLLUTION Are you required to hold EPA or other relevant State or local council licences in relation to discharges from your processes or operations? Yes No

If 'Yes', please give comprehensive details _____

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

Please give full details of all toxic, dangerous or hazardous substances or waste involved in your business.

TOWING WATERCRAFT Do you engage in the towing of watercraft? Yes No

If 'Yes', please give comprehensive details _____

Do you hold a current towing licence? Yes No

Approximately how many times each year would you engage in towing activities? _____

What size and type of watercraft do you normally tow? _____

REVENUE Approximately what percentage of your revenue is derived from:

Marine related work _____ % Non-marine related work _____ %

PRODUCT INFORMATION / TERRITORIAL LIMITS RELATING TO EXPORTED GOODS

Do you manufacture or import products? Yes No

If 'Yes' please complete the below | If 'No' please go to the next section.

Product Name: 1 _____ 2 _____ 3 _____ 4 _____

Date First Marketed: _____

Product Description: _____

Product Use: _____

Est. Annual Turnover: \$ _____ \$ _____ \$ _____ \$ _____

Turnover Exported: \$ _____ \$ _____ \$ _____ \$ _____

Country Sold To: _____

Company Representation in this Country:	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Power of Attorney
	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch
	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____

Coverage for PRODUCTS TO USA OR CANADA are excluded from this insurance. Coverage will be provided only if specifically agreed by Us in writing and then subject to additional terms and conditions and payment of extra premium. A USA/Canada export questionnaire will have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS.

Can you with certainty, identify the source of every item used in the manufacture of the products? Yes No

If 'No', please provide a reason _____

Do you have quality control procedures in place? Yes No

If 'Yes', please give comprehensive details _____

Are your products subject to any Australian or International standard? Yes No

If 'Yes', please give comprehensive details _____

Do you have re-call procedures in place? Yes No

If 'Yes', please give comprehensive details _____

Have you discontinued manufacturing, processing or handling and products? Yes No

If 'Yes', please provide details of reason, type of product, year etc. _____

LIMIT OF LIABILITY

Limit of Liability required: \$10,000,000 \$20,000,000

ESTIMATED REVENUE, PAYROLL, SUBCONTRACTOR & LABOUR HIRE PAYMENTS

REVENUE

What is your estimated gross annual revenue for the coming year? \$ _____

What was your gross revenue last year? \$ _____

Payroll (Excluding payments to sub-contractors & labour hire employees)

What is the number of partners or principals? \$ _____

SUBCONTRACTORS

Do you use the services of any sub contractors? Yes No

If 'Yes', estimated annual payments \$ _____

CONTRACTUAL LIABILITY

Indemnity for liability assumed under a contract or agreement will be limited to lease liability or liability assumed under a warranty of fitness or quality in regards to your products, or specifically agreed contracts.

Do you assume liability under a contract, or hold others harmless, or waive your rights of subrogation? Yes No

If 'Yes', please provide details and attach copies of all related agreements.

Indemnity for such designated contracts will only be provided once specifically agreed by Us.

Do you or will you enter into a joint venture or partnership? Yes No

If 'Yes', please provide details including the percentage of your share in the joint venture or partnership.

Do you enter under the terms of standard conditions of contract which contain a disclaimer of liability? Yes No

If 'Yes', please attach a copy of a contract.

GENERAL

Have you during the last five (5) years:

- a. Made any claims or had any claims made against you (whether insured or not), or Yes No
- b. Recalled any of your products Yes No
- c. Had any incidents or accidents occur which would have been by the proposed insurance policy Yes No

If 'Yes' to a, b, or c above, please give details. _____

Has any insurer ever declined to insure, renew cover, cancelled your insurance, rejected any claim, or imposed special terms or restrictions on you? Yes No

If 'Yes', please give details (include name of insurer and date) _____

YOUR DUTY OF DISCLOSURE

YOUR DUTY TO DISCLOSE

Before you enter into a contract of Marine Combined Liability insurance with the insurers, you have a duty to disclose to the insurers every matter that you know or could be reasonably be expected to know, that is relevant to the insurer's decision on whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of matters: that diminish the risk to be undertaken by the insurers; that are of common knowledge; that your insurers know, or in the ordinary course of their business, ought to know; when compliance with your duty is waived by the insurers.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurers may avoid the contract of insurance from its beginning.

PRIVACY

Privacy Legislation regulates the way private sector organisations can, collect use, keep secure and disclose personal information. Trident Insurance Group Pty Ltd has developed a privacy policy which explains what sort of personal information we hold about you and what we do with that information. Please contact Trident Insurance Group Pty Ltd to obtain a copy of the Trident Insurance Group Pty Ltd Privacy Promise information brochure. A copy of the brochure may also be obtained from the office of Trident Insurance Group Pty Ltd or from our website at www.tridentinsurance.com.au

DECLARATION AND SIGNATURE

I/We acknowledge that as the proposed/insured:

1. I/We must act with utmost good faith in respect of any matter relating to this insurance
2. I/We have a duty of disclosure as stated in the application form
3. I/We confirm that the answers and statement in the application form are correct and that no information has been withheld which may affect the insurers' decision to accept this application form or the terms of the proposed policy.

Signature of Proposer(s) _____ Date _____