

# Charterer's Liability

Proposal

## Broker details

<b>Company:</b>	<b>Contact name:</b>
<b>Postal address:</b>	<b>Phone:</b>

## Insured details

<b>The Proposer(s):</b>
<b>Postal address:</b>
<b>Period of insurance: From:</b> /    / <b>To:</b> /    / <b>at 4pm (NZ time)</b>

## General questions

1 Nature of Proposer(s) principal business (eg Charter Broker, Shipowner, Manufacturer, Mining Company, Commodity Trader etc):

2 Number of years chartering experience in this trade:

3 Please advise the following information about the vessels you expect to have on charter in the next 12 months:

Vessel owner(s)	Vessel name	Year built	Class	G.R.T.	Type (tanker, bulk carrier etc)	Time, voyage or other charter (specify which)

4 Please enclose with this proposal full copies of representative charter parties used in the last 12 months, or to be used in the next 12 months.

5 Please advise the following information about the areas of the world you trade to:

Type of cargo	Nature of cargo packing	Port of departure	Port of destination	Intermediate ports of call enroute (if any)	No. of voyages per year

Do you own, lease or operate any of the berths/terminal facilities which vessels you charter call at? Yes  No

If Yes, please explain in detail for each location.

6 Do you own the cargoes shipped in the vessels you charter? Yes  No

If Yes: (a)  Do you issue your own Bills of Lading, OR  
(b)  Will the Ships' Master sign Bills of Lading on your behalf

If No to Question 6, do you require insurance for your liabilities to cargo owned by others? Yes  No

- 7 Specify which of the following applies by putting a cross in the appropriate box:
- (a)  You are added as an additional Named Assured under the shipowners' Hull and Machinery insurance policies.
  - (b)  You are added as an additional Named Assured under the shipowners' P & I Club entry.
  - (c)  You have an entry with a P & I Club in your capacity as a Charterer.
  - (d)  None of the above.

8 Are you responsible for loading and/or stowing and/or discharging cargoes under the terms of the charter parties entered into? Yes  No

If Yes, briefly explain exactly what functions you are responsible for:

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If the answer to Question 8 above is Yes,

- (a)  Do your own employees perform the stevedoring OR
- (b)  Do you contract this work out to independent stevedores

If independents are used, please list the names of the companies used, and state whether or not you waive any rights of subrogation against them for any liabilities which may be incurred in performance of the stevedoring contract:

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9 Please advise the methods of loading and discharge:

Type of Cargo	Port(s)	Method of loading/discharge (conveyer belt, shoreside crane, ship's crane, grab bucket, sling, Ro/Ro etc)

10 Do you charter vessels in and then sub-charter them out? Yes  No

If Yes, please enclose copies of the sub-charter agreements, and advise how often and to whom you sub-charter:

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11 Limit of liability insurance required: Currency: Limit \$

12 Current Insurer:

13 Has the Proposer or any person or entity to be covered under this Policy in the past five years experienced any loss (whether or not a claim was made) which would have been covered by or is related to the type of insurance being applied for on this Proposal? Yes  No

If Yes, please give details:

Date of Loss	Amount of Loss before application of any deductible	Brief description of nature of loss and circumstances surrounding loss	Claims status Note if paid or reserved

14 Has the Proposer or any person or entity to be covered under this Policy:

(a) ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused? Yes  No

If Yes, please provide details:

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(b) in the past five years ever had any claim, action or allegation made against them, or been involved in any incident which may result in a claim, action or allegation being made against them, which would have been covered by or is related to the type of insurance being applied for on this Proposal? Yes  No

If Yes, please provide details:

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**15** Has the Proposer or any person or entity to be covered under this Policy, or any person or entity who may benefit from this insurance:

(a) ever been charged with, convicted of, or have a pending prosecution for any criminal offence or statutory offence?  
 Note: The answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004. Yes  No

If Yes, please provide details:

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(b) ever been adjudged bankrupt, gone into (or been a director of a company which has gone into) liquidation or receivership? Yes  No

If Yes, please provide details:

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**16** Is there any further information that may affect the acceptance of this insurance? Yes  No

If Yes, please provide details:

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**Privacy Act 1993**

Personal information is collected to evaluate your insurance requirements including establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Lumley. Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

**Duty of Disclosure**

You have a duty to disclose to us, whether asked for or not, all information that might influence the decision to offer you insurance cover and if so, on what terms and/or premium ('material information'). This duty exists prior to the inception, renewal or variation of your policy. Failure to disclose all material information may result in your policy being avoided. This means your policy will be deemed never to have existed and any claims will not be payable. If you have any doubt as to whether a fact is material then it should be disclosed.

**Declaration**

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.  
 I/We agree that the information provided will form the basis of any insurance cover that may be offered and that I/we will accept cover on the terms and premium prescribed by Lumley.  
 I/We authorise Lumley to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.  
 I/We authorise Lumley to use the information provided to advise me/us of their other products and services.

Proposer(s) signature: \_\_\_\_\_ Date:    /    /

Name (please print): \_\_\_\_\_ Company title/position: \_\_\_\_\_