

# Charterer's liability application



Form MN032 11/09

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

## Insured details

Name of Applicant : \_\_\_\_\_

Address: \_\_\_\_\_

## General questions

1 Nature of Applicant'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	Year built	Class	G.R.T.	Type (tankers, bulk carrier etc)	Time or voyage charter (specify which)

4 Please enclose with this application 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 **No**, do you require insurance for your liabilities to cargo owned by others? \_\_\_\_\_Yes  No If **Yes**, do you issue your own Bills of Lading, or will Ships' Master sign Bills of Lading on your behalf? \_\_\_\_\_

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:

If the answer to question above is **Yes**, do your own employees perform the stevedoring or 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:

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)

9 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:

10 Please provide details of all charterer's liability claims, insured or not, for the past 5 years:

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

11 Limit of liability insurance required: \$

12 Current Insurer:

13 Has any insurer cancelled or refused to renew your insurance? Yes  No

If **Yes**, please give details:

14 When does your current insurance expire ?

15 Is there any further information that would affect the acceptance of this insurance, not affected by the Criminal Records (Clean Slate) Act 2004? Yes  No

If **Yes**, please give details:

## Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This proposal form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim You may make;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

## Declaration

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

On behalf of all proposed Insured I/We declare and agree that:

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- (d) Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- (e) Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- (f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature:	Title:	Date: / /
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