



## Underwriting survey details

1	Will electronic equipment be stored on the premises during construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>Yes</b> , will they be locked away?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Do you employ staff to clean up the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>Yes</b> , is this done: <input type="checkbox"/> every day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week		
3	What fire protection is in place? <input type="checkbox"/> Automatic sprinklers <input type="checkbox"/> Smoke/fire detectors <input type="checkbox"/> Hose reels <input type="checkbox"/> Extinguishers		
4	Are sprinklers put in place wherever hot work is being carried out on board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Is there an operational burglar alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the alarm monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>Yes</b> , who by?		
	Is there a professional security guard response to alarm activation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Is there a code of practice for hot work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Do you use or store flammable liquids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>Yes</b> , please advise details and quantity:		
8	Are shavings, scraps and used rags kept in a container outside the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Do you have a dangerous goods store?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Do you have a dangerous goods licence/Ermanz certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Do you use a slipway for launching?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Do you use a crane or similar for launching?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Do you use an outside cranage contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Are there 'no smoking' signs in the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Is smoking by employees permitted 'on site'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Do you store fibreglass resins in the premises but not in a dangerous goods store?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Are lead keels cast on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>Yes</b> , how far removed from the shed?		
18	Who does the last check of the building at night? <input type="checkbox"/> the foreman <input type="checkbox"/> the manager <input type="checkbox"/> the leading hand		
19	Will you have any equipment stored away from the port of construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	Do you use a purpose designed trailer for any road transits of the vessel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21	Do you use a crane for turning the vessel over?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>No</b> , what method do you use?		
22	If you use a crane for launching is a suitable concrete pad in place for the crane legs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23	Is there any other insurance on this risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24	Are the premises situated in a reticulated area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25	Is a retail chandlery shop attached to or communicating with the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26	If road transit of the completed vessel to a launching site applies will it be: <input type="checkbox"/> 1 – 5 km from the premises <input type="checkbox"/> 5 – 15 km from the premises <input type="checkbox"/> 15 – 30 km from the premises <input type="checkbox"/> over 30 km from the premises		

**Please provide a complete copy of the building contract.**

27 Have you:

(a) ever had a loss or accident or claim made against you on contracts undertaken by you during the last three years, whether insured or not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) ever made a claim on an insurance company for any loss or accident or claim made against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) ever been declined or had cancelled insurance of any kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **Yes** to (a), (b) or (c) above give full details:

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## Previous insurance

Have you had previous marine builder risk insurance?

Yes  No

If **Yes**, name of previous insurer:

## Declaration

On behalf of all proposed Insureds 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: \_\_\_\_\_

Insured(s) signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_