

Underwriting survey details

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|----|---|------------------------------|-----------------------------|
| 1 | Will electronic equipment be stored on the premises during construction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If Yes , 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 Yes , 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 Yes , 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 Yes , 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 Yes , 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 No , 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:

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: ____ / ____ / ____