

Ship repairers liability proposal



Form MN017 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 proposer:		_____	
Address of proposer:		_____	
How long has the company been in business?		_____	
Principal's experience:		_____	
Type of business:		_____	
Location of yard/premises:		_____	
Are you the sole occupier of these premises?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, give details:		_____	
Is public access to the site restricted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Period of Insurance:	From:	/	/
		To:	/ /
			at 4pm (NZ time)

Nature of repairs

Please provide description of repairs carried out on:
(a) Hull:
(b) Electrical:
(c) Mechanical:
(d) Hot work:
(e) Other:
What types of vessels are worked on?
What is the maximum length of vessel worked on?
What is the average length of vessel worked on?
What has been the top value of vessel worked on?
What is the average value of vessel worked on?
What is the maximum G.R.T.?
What is the average G.R.T.?

Shipyards details

Please describe facilities available, including capacities (e.g. sizes and tonnages) where applicable:
(a) Slipway:

(b) Floating docks:

(c) Cranes, travel lift, fork lifts:

(d) Dry dock:

(e) Cradles:

(f) Ship repairs:

(g) Other facilities:

What is the capacity of the yard (either by gross tonnage or by length)?

Number of employees engaged in ship repairing and their experience:

Also number of qualified tradesmen and apprentices:

Are subcontractors used? Yes No

What arrangements are taken to determine whether they have adequate liability cover?

What is the limit of liability required? \$

Have any claims been made against or any incidents occurred which would be a claim on the assured in the past 5 years? Yes No

If **Yes**, please give details:

Are there any actions pending or outstanding? Yes No

What terms of business do you operate under, ie. Shipbuilders and Repairers National Association Standard Conditions of Contract?

Please supply specimen copy of your contracts or conditions of repairs.

How many jobs were handled last year?

Will you do work on a subcontract basis?

Details of any work conducted away from the above premises:

Are there any ongoing contracts with certain parties? Yes No

If **Yes**, provide copy of contract.

Do you have a dangerous goods store? Yes No

Do you use a slipway for launching? Yes No

Do you use a crane or similar for launching? Yes No

Do you use an outside cramage contractor? Yes No

Are there 'no smoking' signs in work areas? Yes No

Is smoking by employees permitted 'on site' or in vessels? Yes No

Do you store fibreglass resins on site but not in a dangerous goods store? Yes No

Are the premises under surveillance by a contract security firm? Yes No

Is there a monitored alarm system? Yes No

What are the gross receipts for the past 12 months, estimated next 12 months?

	Actual past 12 months	Estimated next 12 months
(a) Slipway	\$	\$
(b) Floating docks	\$	\$
(c) Cranes, travel lifts, fork lifts	\$	\$
(d) Dry dock	\$	\$
(e) Cradles	\$	\$
(f) Ship repairs	\$	\$
(g) Other income	\$	\$

History

Has any insurer at any time:

(a) Declined your proposal? Yes No

(b) Cancelled or refused to renew your policy? Yes No

(c) Increased your premium rates at renewal? Yes No

If answer to any of the above questions is **Yes**, please give details:

Have you or any other person to be covered under this policy or any person who may benefit from this insurance ever been involved in or charged with a criminal offence, not affected by the Criminal Records (Clean Slate) Act 2004

Yes No

If **Yes**, please give details:

Please supply rough plan of yard:

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

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: ____ / ____ / ____