

Ship Repairers Liability

Proposal

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
Tel 09 308 1100 www.lumley.co.nz

Broker details

Company:	Contact name:
Postal address:	Phone:

Insured details

1 The Proposer(s):	
2 Postal address:	Phone:
3 How long has the company been in business?	
4 Principal's experience:	
5 Type of business:	
6 Location of yard/premises:	
7 Are you the sole occupier of these premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, give details:	
8 Is public access to the site restricted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Period of insurance: From: / / To: / / at 4pm (NZ time)	

Nature of repairs

1 Please provide description of repairs carried out on:
(a) Hull:
(b) Electrical:
(c) Mechanical:
(d) Hot work:
(e) Painting:
(f) Other - a full list of all other work activities must be provided:
NB. Grinding work is excluded
2 What types of vessels are worked on:
3 What is the maximum length of vessel worked on:
4 What is the average length of vessel worked on:
5 What has been the top value of vessel worked on:
6 What is the average value of vessel worked on:
7 What is the maximum G.R.T:
8 What is the average G.R.T:

Shipyards details

1 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:

2 What is the capacity of the yard (either by gross tonnage or by length:

3 Do you have a dangerous goods store?

Yes No

4 Do you use a slipway for launching?

Yes No

5 Do you use a crane or similar for launching?

Yes No

6 Do you use an outside crane contractor?

Yes No

7 Are there 'no smoking' signs in work areas?

Yes No

8 Is smoking by employees permitted 'on site' or in vessels?

Yes No

9 Do you store fibreglass resins on site but not in a dangerous goods store?

Yes No

10 Are the premises under surveillance by a contract security firm?

Yes No

11 Is there a monitored alarm system?

Yes No

12 Number of employees engaged in ship repairing and their experience:

13 Also number of qualified tradesmen and apprentices:

14 Are subcontractors used?

Yes No

If **Yes**, how do you determine whether they have adequate liability cover:

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

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

17 How many jobs were handled last year?

18 Will you do work on a subcontract basis?

Yes No

19 Details of any work conducted away from the above premises:

20 Are there any ongoing contracts with certain parties?

Yes No

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

21 What is the limit of liability required? \$

22 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	\$	\$

23 Please supply rough plan of yard:

General questions

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

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

2 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 or statutory offence? Yes No
Note: the answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004.
- (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, to questions 1 (a), (b) or (c) or 2 (a) or (b), please provide details:

3 Previous insurance company: From: / / To: / /

4 Does this replace an existing Lumley policy? Yes No Policy/Schedule no:

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: