

Stevedores liability proposal



Form MN053 11/10

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre 88 Shortland Street PO Box 2426, Auckland 1140, New Zealand, Tel 09 308 1100, Fax 09 308 1939, www.lumley.co.nz

Broker details

Company:	Contact name:
Postal address:	Phone:

Insured details

The Proposer(s):	
Postal address:	Phone:
Period of insurance: From: / / To: / / at 4pm (NZ time)	
Location(s) of risk:	
Limit of liability required: \$	

Details of operation

1 Please describe your operation and facilities:

2 Is your operation confined to stevedoring only? Yes No
If **No**, please describe other activities involved:

3 Please describe the types of goods or merchandise you handle:

4 Please advise the amount of stevedoring gross receipts for the last two years and your projection for the next 12 months:

Year	Tonnage handled (exclude containerised cargoes, livestock and vehicles)	Total T.E.U.'s	No. of Livestock	No. of vehicles	Total gross receipts
					\$
					\$

5 Projection for next 12 months \$

6 Please advise type of cargo handled in last 12 months, and approximate ratio by volume:

Non-Containerised Cargo	Tonnage last 12 months	* Method of loading/discharge	% of total
(a) Dry Bulk (specify):			%
(b) Break Bulk (specify):			%
(c) Scrap Metals			%
(d) Steel			%
(e) Automobiles/Vehicles			%
(f) Machinery/Electronics			%
(g) Refrigerated Cargoes			%
(h) Liquid Chemicals			%
(i) Bulk Mineral Oils			%
(j) Logs/Timber			%
(k) Other (specify):			%

* Method of loading/discharge: crane, grab, conveyer belt, nets or slings, vacuum, container crane, driven off RO/RO etc.

Containerised Cargo	Tonnage last 12 months	* Method of loading/discharge	% of total
(l) 20 Ft. Containers:			%
(m) 40 Ft. Containers:			%
(n) Other sizes (specify):			%
(o) Other sizes (specify):			%

* Method of loading/discharge: crane, grab, conveyer belt, nets or slings, vacuum, container crane, driven off RO/RO etc.

7 In respect of Stevedoring, how many employees do you have?

8 Are subcontractors used? Yes No

If Yes, what is the percentage of gross receipts paid to subcontractors: %

9 Do you require subcontractors to be covered under this policy? Yes No

10 Are you responsible for foul berth? Yes No

11 Do you require removal of wreck cover? Yes No

12 Do you perform lighterage operations? Yes No

If Yes, please advise percentage: %

13 Do you operate under written contracts? Yes No

14 If Yes, (a) are there any 'hold harmless' agreements? Yes No

(b) do you assume liability beyond that imposed by law? Yes No

15 If Yes, to 14 (a) and/or (b) above, please provide full details:

16 Please supply copies of any operating contracts.

17 Please advise the size and type of vessels handled:

18 Please advise the number of vessels handled annually:

19 Please describe construction of warehouses, wharves etc that you utilise:

20 Do you own or lease the terminals that you service? Own Lease

21 If you lease, who do you lease from and what liabilities do you assume under the lease agreement:

Cargo handling

1 Please describe the equipment used (ie cranes), and the type:

2 Do you own or lease/hire the equipment? Own Lease/hire

3 If you lease/hire the equipment, do you accept liability for loss or damage? Yes No

4 Are the cranes/equipment operated by your own employees? Yes No

If No, who operates the equipment?

5 Do you use ship or dock gear? Ship Dock

6 If ship gear, who operates it (ie ships crew/your employees):

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 General Insurance (N.Z.) Ltd PO Box 2426 Auckland 1140 ('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: _____