

# Wharfingers legal liability proposal



Form MN056 12/10

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

<b>Company:</b>	<b>Contact name:</b>
<b>Postal address:</b>	<b>Phone:</b>

## Insured details

<b>The Proposer(s):</b>	
<b>Postal address:</b>	<b>Phone:</b>
<b>Period of insurance: From:</b> / / <b>To:</b> / / <b>at 4pm (NZ time)</b>	

## Location and facilities

<b>1</b>	Exact location of wharfinger facilities to be insured:	
	(a)	
	(b)	
	(c)	
<b>2</b>	Do you enter into any contracts either limiting or extending the liabilities imposed on you by law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , list full details of contracts with contracting parties (a copy of all contracts of this nature must be supplied to enable risk and coverage to be assessed):	
<b>3</b>	For each insured location please advise:	
	(a) Is the area subject to seasonal flooding or extraordinary ice movements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , please specify:	
	(b) What is the depth and width of the main channel approaching your facility:	
	(c) What material is the river or sea bottom made of alongside your facility:	
	(d) What are the average and maximum water current speeds at the approaches to your facility:	
	(e) What is the tidal range alongside your facility:	
	(f) Are you responsible for dredging to maintain depth of water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(g) Is it customary for vessels to rest on the bottom at low tide at your facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4</b>	For each insured location please advise:	
	(a) Are vessels moored alongside docks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , describe the materials the docks are built of, their ages and length:	
	If <b>No</b> , are vessels moored singly to buoys offshore, or are they arranged together in "fleeting areas":	
	(b) What is the water depth at your docks, mooring or fleeting areas:	
	(c) How long, in days, do vessels and/or barges stay at your facility? (i) On Average:	(ii) Maximum:

**5** For each insured location please advise:

(a) Are you responsible for tying up and casting off mooring lines? Yes  No

(b) Do your employees assume direct responsibility for guiding vessels to your facility? Yes  No

If **Yes**, explain in detail the exact scope of their duties, including any pilotage done:

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(c) Are you responsible for moving vessels around within the confines of your facility? Yes  No

If **Yes**, explain in detail exactly what the job entails:

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(d) How are vessels secured at your facility, ie are they tied to docks, dolphins, piling clusters, deadmen or buoys:

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(e) Are vessels "fleeted" or otherwise stored or kept in waiting before or after being serviced at the facility? Yes  No

If **Yes**, what is the average time they are fleeted or stored for:

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**6** For each insured location please advise:

(a) Distance to adjacent docks

(i) Upstream:

(ii) Downstream:

(b) Specify the nature of and distance to major waterway constructions / obstructions (eg fleeting area, bridges, marinas, Locks, dams etc)

(i) Upstream:

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(ii) Downstream:

(c) Specify the nature of and distance to major shoreside constructions / obstructions (eg chemical plants, ferry landings etc)

(i) Upstream:

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(ii) Downstream:

**7** Please advise the size of vessels using your facilities and the number of vessel dockings per year as follows:

Type of Vessel	Description of Vessel	Average/Max Vessel G.R.T.	Actual number of vessel dockings per year last three years plus projected number for the next 12 months			
			20	20	20	Next 12 months
Ocean-going carrier						
Ocean-going bulk carrier						
Ocean-going tanker						
Dry cargo barges						
Tank barges						
Other vessels (describe)						

**8** Describe the nature and extent of public and private fire fighting facilities locally. Include information on whether the public fire brigade is paid or volunteer, the distance to the hydrants, and the number and type of hand-held extinguishing units.

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**9** Is a 24 hour watchman service maintained at the facility? Yes  No

If **No**, describe what watchman precautions are taken:

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**10** (a) Describe fully the procedures for inspecting the physical condition of vessel entering your facility:

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(b) Are damages you noted after inspecting vessels entering your facility summarised in writing and advised to vessel owners/captain with a reservation of liability? Yes  No

(c) What special precautions are taken to monitor the condition of vessels known to be in bad physical condition, during the course of their stay at your facility:

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(d) Do you segregate and isolate vessels carrying explosive, flammable or toxic cargoes? Yes  No

**11** Include a map or sketch of the facility and its surroundings.

**12** How long have you been in business at this location:

**13** Has the Proposer or any person or entity to be covered under this Policy, 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

If **Yes**, please give details:

Date of Loss	Amount of Loss* before application of any deductible	Brief description of circumstances surrounding loss	Status of Loss (ie if paid or reserved)

\* Identify legal or investigative fees separately

**14** Limit of Liability insurance requested: \$

**15** Current Insurer:

**17** When does your current insurance expire:

**General questions**

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

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

(b) 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) or (b) or 2 (a) or (b), please provide details:

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## 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: _____