

**Liberty International Underwriters**

**Marine Cargo Insurance Proposal**



## Important Notices

### Your Duty of Disclosure

Before you enter into a contract of insurance with the insurer, you have a duty to disclose to the insurer every matter or material circumstance that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms and for what premium.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non Disclosure

If any insurance contract issued is governed by the *Marine Insurance Act 1909 (Cth)*, then failure to comply with your duty of disclosure may result in your contract being avoided from inception. If any insurance contract issued is governed by the *Insurance Contracts Act 1984 (Cth)*, a failure to comply with your duty of disclosure may entitle the insurer to reduce its liability under the contract in respect of a claim or to cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Privacy Notice

*Liberty International Underwriters (LIU) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the U.S. It is a member of Boston-based Liberty Mutual Group (LMG). LIU Australia's head office contact details are:*

*Address: Locked Bag 18, Royal Exchange NSW 1225  
Phone: +61 2 8298 5800*

*LIU is bound by the Privacy Act 1988 (Cth) and its associated Privacy Principles when it collects and handles your personal information.*

*LIU collects personal information, including from insurance brokers, in order to provide its services and products and for purposes ancillary to its business. LIU passes it to third parties involved in this process such as LIU's related companies, reinsurers, agents, loss adjusters and other service providers. They may include overseas organisations including LIU and LMG entities in the United States, Canada, UK, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide the personal information LIU or other relevant third parties require to offer you specific products or services, LIU may not be able to provide the appropriate type or level of service.*

*If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how LIU collects or handles your personal information please write to LIU's Privacy Officer at the address above or by emailing: **privacy.officer.ap@libertyiu.com**. To obtain a copy of LIU's Privacy Policy go to LIU's website ([www.liuaustralia.com.au](http://www.liuaustralia.com.au)) or request a copy from LIU's Privacy Officer.*

*When you give LIU personal or sensitive information about other individuals, LIU relies on you to provide its Privacy Notice to them. If you have not done this, you must tell LIU before you provide the relevant data.*

## Marine Cargo Proposal Form

**Please Note.** It is important that all questions are answered fully. Where asked to provide additional information by attachment please do so using the Insured's official letterhead. Once all questions have been answered the Insured must sign and date the proposal in the space provided on the last page.

### Insured Details

1. ABN: \_\_\_\_\_

2. Name of Insured: \_\_\_\_\_  
\_\_\_\_\_

Additional Insured Names requiring cover: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Principal Address of Insured

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

4. Name of Principal Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

5. Is the Insured a freight forwarder, customs broker and/or a logistics company?  Yes  No

### Marine Cargo Product & Cover

6. a Please select the Marine Cargo Product you require:

- Annual
- Single Transit
- Open Cover

b. Does the Insured require coverage for:

- Exports
- Imports
- Domestic Transit (Australia and/or New Zealand)

## Goods to be Shipped

7.a Please provide a breakdown of the commodities to be shipped.

Commodity	Percentage % to be shipped during Policy Period		
	Exports	Imports	Domestic Transit
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

b. Please also provide a more detailed description of these commodities if required.

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## Shipping Methods

8. Are the commodities specified above principally containerised (ship or air)?  Yes  No

a. If "Yes", please specify the container type(s):

- Full Container Load (FCL)  
 Less than Container Load (LCL)  
 Open Top

b. If "Yes", please select the relevant stowage(s):

- Above Deck  
 Below Deck  
 Air Only  
 Bulk

If "No" or "Above Deck" was selected above, please provide further details.

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## Geographic Regions

9. Do all the Insured's shipments originate from or are they destined to Australia or New Zealand?  Yes  No  
If "No", please provide details

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10. Please provide a breakdown of the areas that best describe your shipments.

a.

Region	Percentage % to be shipped To or From during Policy Period	
	Exports	Imports
A. North America & Western Europe		
B. Eastern Europe, CIS Countries, Middle East, Africa, Central Asia		
C. Far East (inc. Philippines, Korea, China, Japan, Vietnam, Sub Continent, Cambodia, Indonesia, Myanmar)		
D. Rest of Asia (inc. Thailand, Taiwan, Malaysia, Singapore, Hong Kong, Pacific Island)		
E. South America & West Indies		
F. Central America & South Africa		
G. New Zealand & Australia		
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

- b. Please also provide a list of the specific countries you import from and/or export to below.

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*\*Please note, that this policy excludes shipments to or from certain countries due to geographic, war or other issues.*

11. OFAC Condition

Notwithstanding anything to the contrary contained herein or endorsed to this Policy, the insurance provided hereunder shall not cover shipments originating in, destined for, in transit through, or containing goods made in any country or geographic region subject to, or which becomes subject to a trade embargo under United States law, including any Executive Order or regulation promulgated hereunder. In addition, the insurance provided hereunder will not cover shipments to or from any entity which is or which becomes subject to a trade embargo under United States law or listed on the Office of Foreign Assets Control list of Specially Designated Nationals.

I confirm that I have read and understood the above.  Yes  No

## Mode of Transport

12. Please select the modes of conveyance used for each shipment.

a. Exports

- Road
- Rail
- Sea
- Air
- Post
- Waterborne Barge

b. Imports

- Road
- Rail
- Sea
- Air
- Post
- Waterborne Barge

c. Domestic Transit

- Road
- Rail
- Sea
- Air
- Post
- Own Vehicle

## Insurance & Claims History

Please note that Questions 13 to 14 relate to all parties seeking cover under this policy.

Enquiry should be made to all parties seeking cover under this policy prior to answering these questions.

13. Has any insurer declined to provide insurance to, or cancelled an insurance policy held by the insured or imposed any special conditions, excess or terms?

Yes  No

If "Yes", please provide full details by attachment.

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14. Has the insured sustained any losses (insured or not) in the last 5 years?

Yes  No

If "Yes",

a. Did the total of all payments made in respect of that claim or claims (including any defence costs incurred) exceed \$5,000?

Yes  No

If "Yes", please provide full details by attachment.

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## Wording & Valuation

15. What kind of coverage is sought for the goods?  
 All Risks (A)     Major or Named Perils (B or C)     Other

If "Other", please provide details.

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16. Are the following standard means of settlement acceptable?

- |                     |  |                              |                             |
|---------------------|--|------------------------------|-----------------------------|
| a. Exports          | Cost Insurance Freight + 10% (CIF + 10%)                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Imports          | Cost Insurance Freight + 10% (CIF + 10%)                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Domestic Transit | Invoice Purchase Price Including Freight (Invoice -Variable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "No", please provide means of settlement required by the Insured.

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17. Please select a Policy currency\*:
- AUD  
 USD  
 NZD  
 EUR

*\*Please note, all monetary values entered for this proposal should be in the Policy currency selected above.*

## Limits & Excesses

18. Please select the required Limit of Liability (any one conveyance).

- |                     |    |       |
|---------------------|----|-------|
| a. Exports          | \$ | <hr/> |
| b. Imports          | \$ | <hr/> |
| c. Domestic Transit | \$ | <hr/> |

19. What is the estimated annual value of the insured goods or sales turnover?

- |                     |    |       |
|---------------------|----|-------|
| a. Exports          | \$ | <hr/> |
| b. Imports          | \$ | <hr/> |
| c. Domestic Transit | \$ | <hr/> |

- d. Please specify which method valuation has been used above.

Value of goods insured     Sales turnover

20. Please select the required excess (each and every loss).

- |                     |    |       |
|---------------------|----|-------|
| a. Exports          | \$ | <hr/> |
| b. Imports          | \$ | <hr/> |
| c. Domestic Transit | \$ | <hr/> |

## Period of Insurance

21. Please advise your preferred period of insurance

Start Date    /    /    End Date    /    /

## Declaration

To be made by the Insured

I declare and acknowledge:

- that I am, after enquiry, authorised by all person or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform Liberty International Underwriters of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty International Underwriters relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty International Underwriters, if any.
- that our broker will be supplying information in this proposal to Liberty International Underwriters on our behalf in the online version of the proposal form which includes this Declaration and I understand that Liberty International Underwriters will rely on that online version.

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Signed

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Print Name

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Title

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Dated