



## Important Notice

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### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under Section 21 of the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter 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.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of 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.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer please contact our office.

### Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Privacy Policy

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](mailto: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.



## LIU Marine and General Liability Proposal Form

**Important:** Please answer all questions fully. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

### 1. The Insured

a) Full name of proposed Insured including subsidiaries

Company Name	ABN	% Entitlement	Input Tax	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) Postal address

Street _____	City _____
State _____	Country _____ Postcode _____

c) Full description of your operations and activities.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Number of years in continuous business \_\_\_\_\_

### 2. Period of Insurance

From:            /            /            at 4pm Local Standard Time  
 To:               /            /            at 4pm Local Standard Time

### 3. Limit of Indemnity

What Limit of Indemnity is required?

\$5 million     
  \$10 million     
  \$20 million     
  Other \_\_\_\_\_



#### 4. Details of Premises, Facilities and Work Performed

a) Details of premises occupied for the purpose of conducting the Business (including overseas locations)

Location	Construction	Age	Fire & Burglary Protection	Owned or Leased
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

b) Details of facilities

Facilities		Location 1 (as per a) above)	Location 2 (as per a) above)	Location 3 (as per a) above)
		E.g. Yes / 2	E.g. No	E.g. Yes / 5
Slipway	Yes/No & Qty	_____	_____	_____
Dry Dock	Yes/No & Qty	_____	_____	_____
Floating Dock	Yes/No & Qty	_____	_____	_____
Work Barges	Yes/No & Qty	_____	_____	_____
Cranes/Cradles	Yes/No & Qty	_____	_____	_____
Moorings	Yes/No & Qty	_____	_____	_____
Fuel Storage	Yes/No & Qty	_____	_____	_____
i. On or over water?	Yes/No & Qty	_____	_____	_____
ii. Land based?	U/G or Above & Qty	_____	_____	_____

c) Type of work performed

Marine – Repairs, Maintenance & Service	Yes/No	% of Revenue	% of Revenue for Work Performed Away from Your Premises
i. Vessels	_____	_____	_____
i.i Structural repairs to hulls	_____	_____	_____
i.ii Electrical repairs to hulls	_____	_____	_____
i.iii Mechanical repairs to hulls	_____	_____	_____
i.iv Installation / electrical / or fitting out of motors	_____	_____	_____
ii. Wharves, Jetties, Piers, Seawalls, etc.	_____	_____	_____
iii. Other – Please describe	_____	_____	_____
_____	_____	_____	_____
<b>Marine - Manufacturer</b>	_____	_____	_____

iv. Vessels <10 metres			
v. Vessels >10 metres			
vi. Other Products used in vessels – Please describe			
<b>Non Marine Work</b> (please describe)			

## 5. Quality Control and Risk Management

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### a) Quality Assurance

- i. Do you have ISO or other Industry accreditation? Yes  No   
 If Yes, please attach copy of certificate.  
 If No, please detail your formal internal QA procedures or the Australian or Industry Standards you work to.

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### b) Pollution

- i. Are you required to hold EPA or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes  No   
 If Yes, please provide details.

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- ii. Does your use and storage of all toxic, dangerous and hazardous substances or waste comply with all statutory regulations and by-laws? Yes  No   
 iii. Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.

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### c) Sub Contractors – Workers on Site

- i. Is there a formal site induction for Sub Contractors or other Workers at your premises or worksite? Yes  No   
 ii. Do you request evidence of Liability Insurance from your Sub Contractors? Yes  No

### d) Hotwork



- i. Do you perform hotwork? Yes  No
- ii. If yes, is all work performed to Australian Standard 1674 "Safety in Welding and Allied Processes"? Yes  No
- iii. Is there a fire watch on each side of the bulkhead being welded? Yes  No
- iv. Hotwork on vessels not previously engaged in carrying hazardous cargos. Yes  No
- v. Hotwork on vessels previously engaged in carrying hazardous cargos. Yes  No
- vi. Any hotwork undertaken or away from your premises? Yes  No

If Yes, please provide further details.

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e) **Contractual**

- i. Do you have standard contractual conditions of work? Yes  No   
If Yes, please attach a copy.
- ii. Are these conditions used in every instance? Yes  No
- iii. Do you enter into agreements whereby you assume liability under contract or hold other parties harmless? Yes  No   
If yes, please provide full details and attach copies of all agreements.

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## 6. Estimated Revenue, Payroll, Sub Contractor and Labour Hire Payments

a) **Revenue**

- i. What is your estimated gross annual revenue for the forthcoming year? \$ \_\_\_\_\_
- ii. What was your gross revenue last year? \$ \_\_\_\_\_

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Number of Staff
Management, clerical and sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from premises	\$ _____	_____
Payment to contractors and/or subcontractors	\$ _____	_____
Payments to labour hire workers	\$ _____	_____
Other (please specify)	\$ _____	_____



## 7. Care, Custody and Control

### a) Vessels

i. Size and type of vessels normally worked upon \_\_\_\_\_

ii. Individual Vessel Value

What is the approximate average and maximum value of the vessels being worked upon:

Average \_\_\_\_\_

Maximum \_\_\_\_\_

iii. Accumulated Vessel Values

What is the average and maximum number of vessels being worked upon at any one time?

Average \_\_\_\_\_ Number \_\_\_\_\_

Maximum \_\_\_\_\_ Number \_\_\_\_\_

iv. Vessel Transport

Do you road or rail transport non owned vessels? Yes  No

If yes, please provide details.

### b) Other Property

i. Do you require cover for property of others (not vessels) in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy) Yes  No

If Yes,

ii. What is the total value of such property at all locations? \$ \_\_\_\_\_

iii. Give a brief description of such property

## 8. Claims and/or Loss Experience

a) Have you had any insured and/or uninsured claims in the last five years? Yes  No

If Yes, please provide details below:

Dates		# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From	To				



- b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes  No

If Yes, please provide details.

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## 9. Previous Insurance History

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After investigation have you ever had any:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Insurance declined or cancelled?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Renewal refused?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Special conditions imposed?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Claims denied for this class of insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 10. Broker Information

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Broker name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode

## Declaration

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I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Contract Proposed.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Dated \_\_\_\_\_