

Marine Charterers Proposal

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	<input type="text"/>	Individual	<input type="text"/>
Period of Insurance	From 4pm	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>	To 4pm	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>

A Applicant details

1. Name(s) in full
2. Address
3. How long has the company been in business?
4. Principal's experience
5. Name of financier (if any)

B Charters

1. Type of charters Enclosed
(Copies of current charter contracts are to be attached. Please tick to indicate enclosure.)
2. Number of voyages (Voyage charters)
3. Number of vessels (Time charters)
4. Types of cargo carried



C Cover required

Tick where cover is required:

- | | | |
|--|--------------------------|--------------------------|
| <input type="radio"/> (a) Hull Damage | Liability limit required | NZD <input type="text"/> |
| <input type="radio"/> (b) Third Party | Liability limit required | NZD <input type="text"/> |
| <input type="radio"/> (c) Cargo Damage | Liability limit required | NZD <input type="text"/> |
| <input type="radio"/> (d) Freight, Demurrage and Defence | Liability limit required | NZD <input type="text"/> |

D Vessel(s)

1.	Type	GRT	Class	P&I club entry

2. Which standard Charter Party forms do you use?

3. Do you hire space on other vessels?

Yes No

If 'Yes', please give details.

4. Navigation limits

5. At which ports do you most frequently load/discharge?

6. Do you ever issue and/or sign bills of lading?

Yes No

If 'Yes', please supply a copy of both sides of current bill of lading and tick to indicate enclosure.

Enclosed

7. Do you run a regularly scheduled liner service?

Yes No

If 'Yes', please supply a copy of the schedule and tick to indicate enclosure.

Enclosed

E Claims experience

1. Has any insurer at any time:

- a) declined your proposal? Yes No
- b) cancelled or refused to renew your policy? Yes No
- c) increased your premium rates at renewal? Yes No

If your answer to any of the questions above is 'Yes', please give details.

Declaration

I/We declare, on behalf of all proposed insureds, that:

- All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>
Printed name	<input type="text"/>	Phone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		<input type="text"/>