

Please answer all questions. This will help us to process your application quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this application and the declaration will include them.

Period of insurance: From: to at 4.00pm

Account no

Agent or Broker

1. Applicant

Name/s (include "Trading As" if applicable)

Postal address

Postcode

E-mail address

Website address

Business telephone no.

Type of Business or occupation

Years in business

ABN

List all location address/es from which you operate, including postcodes

1.

Postcode

2.

3.

Other interested parties

1.

2.

Postal address/es

1.

Postcode

2.

Nature of interest

1.

2.

2. The Business

Please note your gross revenue from your business for the last financial year
(Gross revenue must be Your total gross earnings, including amounts paid or payable, and must include the value of all services, products and parts supplied by You).

Estimated gross revenue for the next 12 months

Do you engage subcontractors and/or Labour Hire?

Yes No

Please indicate the amount of gross revenue paid to

Please indicate the amount of gross revenue paid to Subcontractors % Labour Hire %

Do you obtain evidence of liability insurance from subcontractors? Yes No

Number of qualified tradesmen employed by you

Please select services and operations [X] which form part of the business and indicate percentages (where applicable) relating thereto.

Watercraft Services related to a Vessel

Electrical % Hull % Mechanical %

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Repairs and alterations <input type="checkbox"/> c. Installation work <input type="checkbox"/> e. Painting and anti-fouling <input type="checkbox"/> g. Detailing, cleaning and water blasting <input type="checkbox"/> i. Slipping, slipway / dry dock operator <input type="checkbox"/> k. Fuelling <input type="checkbox"/> m. Premises occupier <input type="checkbox"/> o. Car park operator <input type="checkbox"/> | <ul style="list-style-type: none"> b. Maintenance work <input type="checkbox"/> d. Fit-out and refurbishment <input type="checkbox"/> f. Rigging <input type="checkbox"/> h. Hauling and/or lifting, operator of lifting / carrying equipment <input type="checkbox"/> j. Launching and sea trials <input type="checkbox"/> l. Berth / mooring owner / provider and occupier <input type="checkbox"/> n. Maintenance of premises or ambulance services <input type="checkbox"/> |
|--|--|

If you undertake any of the following services and operations, please select those that you wish to insure and percentages (where applicable) relating thereto. The following services are not automatically insured and may be subject to additional terms and conditions and / or payment of an additional premium.

- | | |
|--|---|
| <ul style="list-style-type: none"> I. hot work/welding/heating <input type="checkbox"/> <input type="text"/> % III. landlord <input type="checkbox"/> <input type="text"/> % V. brokerage and/or agency <input type="checkbox"/> <input type="text"/> % VII. chartering <input type="checkbox"/> <input type="text"/> % IX. bar, club and restaurant operator <input type="checkbox"/> <input type="text"/> % | <ul style="list-style-type: none"> II. storage <input type="checkbox"/> <input type="text"/> % IV. provision of utilities <input type="checkbox"/> <input type="text"/> % VI. retailer of chandlery and boating equipment <input type="checkbox"/> <input type="text"/> % VIII. provision of weather and boating information <input type="checkbox"/> <input type="text"/> % X. catering <input type="checkbox"/> <input type="text"/> % |
|--|---|

Any other services or operations undertaken not specifically stated above including any services not pertaining to a Vessel, must be declared below if you wish to insure for such services and operations. Please note that any such services and operations are not automatically insured and may be subject to additional terms and conditions and / or payment of an additional premium if we agree to provide cover.

| | |
|--|---|
| | % |
| | % |
| | % |

3. Loss Prevention, Safety and Security

If you operate from more than one location, please complete the following questions on a separate sheet in relation to the other locations and attach to this application.

Are the premises? Owned Leased

If leased, are you required to arrange material damage insurance in respect of the premises? Yes No

If others are occupying any of the premises owned or leased by you, please describe their business activities

Are the premises fully fenced? Yes No

Do you employ 24-hour security staff? Yes No

Do the premises have an intruder alarm? Yes No

When was the last risk survey conducted at the premises?

Please attach a copy of the most recent survey if available

Are there any outstanding recommendations? Yes No

What distance is the nearest Fire Station?

Number of fire hydrants in close proximity to premises

Number of fire extinguishers and hoses on premises

Do the premises have any sprinkler systems? Yes No

Are your fire precautions and equipment inspected annually by a third party? Yes No

Does your fire safety equipment on premises conform to the relevant local standards. Yes No

Are gas freeing operations carried out at the premises, and if so, who performs the gas freeing certification work?

Do you engage in hot work? Yes No

If "Yes" please indicate where this work is performed, and whether all persons are required to comply with the Australian Standard (Safety in Welding & Allied Processes)?

Fuelling pipes: Number Total capacity Location of pipes

Do you undertake any spray painting? Yes No

If "Yes", do you utilise purposefully built spray booths? Yes No

If you answered "No", please provide further details

Do you have a pollution contingency plan and/or pollution containment equipment? Yes No

If you answered "Yes", please provide further details

Do you have a Cyclone/Severe Weather contingency plan? Yes No

If you answered "Yes", please provide further details

Are all acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials used, stored and transported in accordance with applicable laws and legislation? Yes No

Do you discharge or dispose of trade wastes, smoke, soot, fumes, liquids, gases or other substances into the atmosphere, sewers, watercourse or elsewhere? Yes No

If "Yes", is it by agreement with local authorities and are all wastes treated and made safe before discharge? Yes No

Do you have a business continuity plan? **(Please attach a copy)** Yes No

4. Vessel Specific Information

Description of watercraft serviced by you or using your facilities:

| Vessel Type | Average Value | Maximum value | Construction | Maximum Length | Maximum GRT | % of Total Gross Revenue |
|-----------------------|---------------|---------------|--------------|----------------|-------------|--------------------------|
| Tourist/Charter | | | | | | |
| Pleasurecraft | | | | | | |
| Commercial Fishing | | | | | | |
| Coastal/Ocean going | | | | | | |
| Navy/defence force | | | | | | |
| Oil Rigs and the like | | | | | | |
| Other | | | | | | |

Maximum number of vessels any one time

Maximum value of vessels any one time

Do you build new vessels as principal builder?

Yes

No

Do you undertake structural conversions of vessels?

Yes

No

If you answered "Yes", please provide further details

Construction details of marina, jetty, piers, pontoons, etc.

Number of berths or mooring spaces

Electricity supply details to marina, jetty, piers, pontoons, etc.

Is public access to marina, jetty, piers, pontoons, etc. restricted?

Yes

No

Do you provide any professional advice, design, specification or consultancy service to others?

Yes

No

If you answered "Yes", please provide further details

Do you charge a fee for this advice or service?

Yes

No

If you answered "Yes", what % of total gross revenue relates to this advice or service

 %

Please describe the facilities available including capacities:

a. Slipway

b. Floating / dry docks

c. Cranes / travel lifts

d. Cranes / travel lifts

e. Other equipment

If storage of Vessel is provided, please provide details of storage area, security in place and maximum number and maximum value of Vessel stored at any one time.

Are Vessels moved by staff within the confines of marina or port, including sea trials?

Yes

No

If "Yes", provide details of staff qualifications

Do you own any Vessels?

Yes

No

If Yes, please provide details

Do you supply weather reports to Vessel owners?

Yes

No

If Yes, please provide details in particular the sources utilised

Do you provide any catering?

Yes

No

If "Yes", please provide details

Do you organise any races, training or similar events?

Yes

No

If "Yes", please provide details including number of events per year, including programme for the coming year

5. Products Liability

Do you sell any Vessels?

Yes

No

If "Yes", please provide details of make of Vessel and number held for sale at any one time

Maximum value of Vessels held by you for sale

Radius of use from premises during demonstration

Do you insist that purchasers obtain an independent survey prior to sale

Yes

No

Do you sell any chandlery or other Vessel products?

Yes

No

If "Yes", please indicate the percentage of turnover derived by you below:

| | | | | |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| Manufacturer | Importer | Wholesaler/Distributor | Retailer | Exporter |
| <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |

Do you export any products to the United States of America or Canada or their protectorates or territories?

Yes

No

If Yes, please indicate turnover derived by you from such exports

Please note other countries products are exported to or imported from:

Exported

Imported

If you manufacture your own products, please provide details including who designed or formulated them

Are the finished manufactured products subject to any Australian Standards Association codes or relevant international codes?

Yes

No

If "Yes", please provide details

Please describe the methods of quality control adopted by you

Please provide product brochures in respect of products manufactured by you

6. Contractual Relationships

Do you incorporate any of the following contractual agreements or similar into your dealings with your customers:

Please provide copies of all these agreements including any not noted below

| | | | |
|-------------------------------|--------------------------|-----------------------------------|--------------------------|
| Standard terms and conditions | <input type="checkbox"/> | Berth / mooring agreements | <input type="checkbox"/> |
| Storage agreements | <input type="checkbox"/> | Slipway agreements | <input type="checkbox"/> |
| Racing / training disclaimers | <input type="checkbox"/> | Vessel bill of sale | <input type="checkbox"/> |
| Products sales invoice | <input type="checkbox"/> | Standard subcontractor agreements | <input type="checkbox"/> |
| Customer specific contracts | <input type="checkbox"/> | | |

Have these contractual agreements been signed off or drafted by your solicitors, or are they based on standard terms published and recommended by recognised industry bodies? Yes No

Please state how you incorporate these contractual agreements into your dealings with customers / subcontractors

If you do not operate under any contractual agreements in relation to a specific service you provide, please provide us with your reasons for doing so

In respect of any products or Vessels distributed by you, but not manufactured by you, do you enforce any warranties or guarantees against the original supplier? Yes No

7. Insurance

Please indicate level of cover sought:

| | | | |
|--------------------|--------------------------------|--------------------------------|----------------------------|
| Public Liability | \$10m <input type="checkbox"/> | \$20m <input type="checkbox"/> | Other <input type="text"/> |
| Products Liability | \$10m <input type="checkbox"/> | \$20m <input type="checkbox"/> | Other <input type="text"/> |

Please indicate the excess you prefer

You also have the option of insuring for optional additional cover, please indicate if you require:

| | | | | | |
|---|--------------------------|--|--------------------------|--|--------------------------|
| Fines and penalties Policy limit: \$1m | <input type="checkbox"/> | Faulty workmanship Policy limit: \$25,000 | <input type="checkbox"/> | Warranty / guarantee obligations Policy limit: \$25,000 | <input type="checkbox"/> |
|---|--------------------------|--|--------------------------|--|--------------------------|

8. General

Please advise who your current insurer is

When does your current insurance policy expire

Please provide full details of all losses or claims (whether insured or not) over the last 5 years

| Date of loss | Brief description | Gross amount | Status |
|--------------|-------------------|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Has any insurer at any time:

- a.** Declined your proposal for insurance? Yes No
- b.** Cancelled or refused to renew your policy? Yes No
- c.** Imposed special conditions / rates as a result of your policy history? Yes No

If you answered "Yes" to any of the questions above, please provide details

Are there any other relevant facts to the risk to be insured which you should disclose to enable a true assessment of your application before acceptance? Yes No

If "Yes", please provide details

Privacy Statement

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers; other service providers, hospitals, medical, health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

Your Duty To Disclose

Before you enter into a contract of general insurance with an insurer, you have a duty, under the 'Insurance Contracts Act 1984', to disclose to the insurer every matter that you know, or could 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.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

Third Party Interests

You must inform us of the interests of all third parties (i.e. financiers, lessors) whose interest is to be noted on this insurance. Noting of their interest will not entitle them to be covered as an insured but merely to be given notice of any cancellation lapsing or proposed payment of total loss claim. Their interest will not be protected even to this extent if they are not noted on the policy.

Subrogation Agreements

Where another person, other than a person exempted by law, is liable to compensate you for any loss or damage covered by the policy, but you have agreed with, or given an undertaking to that person without our written authority, either before or after the loss or damage occurred that you would not seek to recover any moneys from that person, we will not cover you under the policy for any such loss or damage.

Declaration

I/We hereby jointly and/or severally understand the advice given in relation to the DUTY OF DISCLOSURE, AVERAGE, THIRD PARTY INTERESTS and SUBROGATION.

I/We jointly and/or severally understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance. I/We hereby jointly and/or severally hereby agree that if at the request of the company, within 14 days of receiving notice thereof, to obtain from the Commissioner of Motor Transport of the Authority having charge of the same, a complete and up to date record of offences in respect of the same which I have been reported and/or convicted. I/We hereby and/or severally declare that the above particulars and statements are true and I/We agree that this proposal and declaration shall be the basis of the contract between Me/Us and the company and be incorporated therein. I/We affirm that I/We have not withheld any information likely to affect the acceptance of this proposal.

Signature of Applicant(s)

Date