

liability application

Section 1 information for all covers **Section 2 the business**

Applicants name (include Subsidiary Companies)

Address from where you operate

State	Postcode
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Telephone No.

Fax No.

ABN Number

Cover requested from to

@ 4:00pm Local Standard Time

Limit of indemnity required

Please answer all questions. If any do not apply to your operation, please answer N/A.

Please indicate which lines of business your operation represents

Marina Operator

Ship Repairer

Diving Contractor

Pier, Jetty, Pontoon

Boat / Yacht Repairer

Other, please specify

Please provide a full description of your trade or business operations, including that of subsidiaries, for which cover is required. Outline in particular the main processes / activities in which you engage in carrying out that trade or business.

How long have you conducted the business? years

Section 2 the business (continued)

Please state the annual gross receipts for the past 12 months, and the estimates for the next 12 months

	Actual last year	Estimated this year	
Marina / Moorings	\$ <input type="text"/>	\$ <input type="text"/>	
Repairs / Slipways	\$ <input type="text"/>	\$ <input type="text"/>	
Fueling	\$ <input type="text"/>	\$ <input type="text"/>	
Hard stand	\$ <input type="text"/>	\$ <input type="text"/>	
Dry storage	\$ <input type="text"/>	\$ <input type="text"/>	
Other Activity	\$ <input type="text"/>	\$ <input type="text"/>	Specify Activity <input type="text"/>
Other Activity	\$ <input type="text"/>	\$ <input type="text"/>	Specify Activity <input type="text"/>

Do you perform or have work performed away from your premises? No Yes If Yes, please give full details

Do you subcontract work? No Yes If Yes, please state type of work subcontracted

Does your business involve the use of blow torches, welding or oxy-acetylene cutting equipment away from premises owned or occupied by you? No Yes If Yes, please provide a full description of the activity & precautions taken to prevent fire

Does your business involve the use of hazardous goods including asbestos, synthetic mineral fibres, gases or radioactive substances? No Yes

If Yes, please provide a full description of the activity, substance involved and precautions taken to prevent injury or damage to property

Does your business involve the use of explosives ? No Yes If Yes, please provide a full description of the activity and the names and experience of persons using explosives

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

If Yes,

i) is it by agreement with the relevant local authorities? No Yes

ii) are all wastes treated and made safe before discharge? No Yes

If Yes, to i) or ii), please give full details

Fuelling pipes: Number Total tank capacity Location of pipes

Section 2 the business (continued)

	Actual last year	Estimated this year
What is the total turnover for work done		
i) on your premises	\$	\$
ii) away from your premises	\$	\$
Please state the total number of employees		
Please state the total number of working partners, principals & directors		
What are the gross annual contract values of subcontracted work		
i) labour only	\$	\$
ii) labour and materials	\$	\$
Are your premises leased? No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, are these premises insured by you against fire damage? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Construction of buildings		Age of buildings
Construction of piers, jetties, pontoons		

Section 3 general details

Have you, or anyone of you, had any accidents causing personal injury to or loss of or damage to the property of third parties during the past five years? No Yes

Insurer	Date of loss	Type of loss	Amount Paid
	/ /		\$
	/ /		\$
	/ /		\$

Have you, or anyone of you, held liability insurance during the past five years? No Yes If Yes, please state the Insurance company, policy number and period of insurance

In the last five years, has any Insurer declined or cancelled Insurance, refused to invite renewal, or imposed any special conditions on any of the applicants above? No Yes If Yes, to any of these, please provide full details

Are you aware of any other circumstances not mentioned above which might give rise to a claim? No Yes If Yes, please give details

Section 4 marina operators liability and repairers liability

If you require Marina Operators Liability Cover or Repairers Liability Cover, please complete these additional questions.

Maximum number of vessels accommodated		Number of berthing spaces	
Number of mooring spaces		Age of marina	
Do you operate under the terms of a mooring agreement or leasing contract which contains a disclaimer of liability? No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, please attach a copy of the contract.		
Number of dry storage spaces			
Highest value any one vessel accommodated (estimated)	\$		
Is public access to the site restricted? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Do you display a notice visible to the public, which advises the users they enter at their own risk? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If No, would you consider installing one? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Section 4 marina operators liability and repairers liability (continued)

NB: These questions only relate to Marina Liability.

The premises

Are you the sole occupier of the premises? No Yes

Please describe the facilities

i) Slipways

Maximum vessels at a time

ii) Travel lift, cranes

Maximum number at a time

iii) Cradles, hardstands

Maximum number at a time

iv) Floating / dry dock

Maximum capacity

v) Any other facilities

Repair facilities

Describe the type of repairs

i) Hull

ii) Electrical

iii) Mechanical

iv) Other - supply details

Are sub-contractors used?

No Yes If Yes, what arrangements are taken to ensure they have adequate liability insurance cover?

Is the slipway leased out?

No Yes If Yes, what arrangements are taken to ensure they have adequate liability insurance cover?

Do you operate under the terms of standard conditions of contract which contain a disclaimer of liability?

No Yes If Yes, please attach a copy of a contract.

If No, it is a warranty of the policy that such conditions are in use for all work carried out.

Would you consider incorporating such conditions in the near future?

No Yes

What types of vessels are worked on?

Maximum length

Maximum value

Maximum GRT

Average length

Average value

Average GRT

How many jobs handled last year?

Are you responsible for the maintenance of the slipway machinery?

No Yes

How often is machinery checked?

Overhauled

Section 5 brokers liability

If you require Brokers Liability Cover, please complete these additional questions.

Do you broker a particular make of vessel? No Yes

Make of Vessels

Number of non-owned vessels held for sale at any one time

Maximum value of non-owned vessels \$

Radius of use from marina during demonstration

Does your bill of sale contain a disclaimer of liability? No Yes

Total turnover in sales \$

Total brokerage from sales \$

Do you hold owned vessels on consignment for sale?

No Yes

Number of owned vessels held for sale at any one time

Do you insist in writing that an independent survey is obtained by the purchaser prior to sale No Yes

Maximum value of owned vessels \$

Total turnover in sales \$

Gross Profit after sales \$

Section 6 piers, jetties and pontoons liability

If you require Piers, Jetties and Pontoons Liability Cover, please complete these additional questions.

Construction of structures

Please state the dimensions of the jetty and the age

State the current condition of the structures (if over 10 years old a survey will be required)

How many vessels on average use the jetty?

i) per month

ii) per annum

Is public access to the jetty restricted? No Yes

What type of vessels use the jetty?
eg. charter craft, other commercial, or private.

If a vessel damages the jetty would the jetty owners hold them harmless?

No Yes If Yes, why?

What is the exact location of the jetty?

State Postcode

Are any vessels permanently moored at the pier or jetty?

No Yes

i) If Yes, do you own the vessel(s)? No Yes

ii) If Yes, is space leased to third parties? No Yes

ii) If Yes, is a disclaimer of liability contained in the agreement?

No Yes If Yes, please supply a copy

If Yes, please give details

Section 7 diving contractors liability

If you require Diving Contractors Liability Cover, please complete these additional questions.

Number of divers employed

Number of Dive Days per team per annum

Total Income per annum \$

Section 8 privacy statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

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, including:

- 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 and
- investigating and, if covered, managing claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

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 (and receive personal information from), when necessary and in connection with the purposes listed above, to other members of the group of companies to which we belong, 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 and 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 Vero Insurance Limited.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

Section 9 duty of disclosure

You have a legal duty of disclosure to us whenever you apply for, or change an insurance policy.

What you must tell us

You have a general duty to disclose to us everything that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you, and, if we do, on what terms.

However, your duty does not require you to disclose anything:

- that reduces the risk to be undertaken by us,
- that is generally well known,
- that we know or, in the ordinary course of our business, ought to know, or
- in respect of which we have waived your duty.

Your general duty applies to changes

Your general duty applies in full when you change an existing policy including when you extend or reinstate it.

Your general duty is limited for new policies

When you apply for a new policy your duty of disclosure applies, but you do not need to disclose something to us unless we specifically ask you about it. However, you must be honest in answering any questions we ask you. You have a legal duty to tell us anything you know, and which a reasonable person in your circumstances would include in answering the questions. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that you understand you are disclosing to us and answering our questions for yourself and anyone else you want to be covered by the policy.

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed.

Other offers

We would like to use your personal information to keep you up to date with the range of other products and services available from us or other members of the group. We may give your personal information to our agent or your broker to enable us to send you this information.

- Please tick this box if you do not consent to receive this information.

Section 10 your declaration

- A. To the best of my/our knowledge and belief the information provided in this application is true and correct in every respect and no relevant information has been withheld
- B. I/We understand this insurance is not in force until Vero National Marine, a division of the insurer Vero Insurance Limited ABN 48 005 297 807, accepts this application.
- C. I/We understand that any statement made in this application will be treated as a statement made by all the people to be insured. This declaration is signed by or on behalf of all applicants.

For personal applicants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- you sending me information about other products and services, unless I have declined 'Other offers', and the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all applicants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Signature of Applicant(s)		Date <input style="width: 60px;" type="text" value="/"/>
		Date <input style="width: 60px;" type="text" value="/"/>

Where You Can Contact Us:

New South Wales

Locked Bag 25
Australia Square
NSW 1215
Telephone 02 9295 4422
Facsimile 02 9295 4222

Queensland

GPO Box 537
Brisbane
QLD 4001
Telephone 07 3246 6111
Facsimile 07 3246 6126

Western Australia

PO Box B78
Perth
WA 6838
Telephone 08 9211 4199
Facsimile 08 9211 4198

Victoria

PO Box 294
Collins St West
VIC 8007
Telephone 03 9245 8300
Facsimile 03 9245 8337

South Australia

GPO Box 1619
Adelaide
SA 5001
Telephone 08 8205 5175
Facsimile 08 8205 5179