

Sirius Risk Services Pty Ltd

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All questions are to be answered. If insufficient space, please attach additional information.

THE APPLICANT(S)

Name(s) of Insured(s) in full (show names of all owners – if a corporate owner, show names of all principals)					
Please list any Subsidiaries					
Postal Address				State	Postcode
Contact Number(s)	Phone No.			Fax No.	
Email Address			Website		
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN		Taxable	%
Period of Insurance	From		to		at 4 p.m.
Other interested parties					

GENERAL INFORMATION

- Have you during the last five (5) years:
 - made any claims or had any claims made against you (whether insured or not), or
 - recalled any of your products, or
 - had any incident or accident occur which would have been covered by the proposed insurance policy.
 – If “Yes” to a., b., or c. above, please give details. Yes No
- Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? - If “Yes”, please give details. Yes No
- Have you had any insured and/or uninsured statutory fines and penalties in the last 5 years? Yes No
- Does the Applicant presently carry Liability Insurance that is underwritten by Liberty (LIU) List Policy No.? Yes No
- Does the Applicant presently carry Marine Insurance that is underwritten by Liberty (LIU) List Policy No.? Yes No

INDEMNITY LIMIT/INSURED VALUE

Limit of Indemnity required	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$25,000,000
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ESTIMATED REVENUE, PAYROLL, SUBCONTRACTOR & LABOUR HIRE PAYMENTS

- Revenue
 - What is your estimated gross annual revenue for the forthcoming year? \$
 - What was your gross revenue last year? \$
- Payroll (Excluding payments to sub-contractors & labour hire employees)
 - What is your estimated annual payroll for the forthcoming year? \$
 - How many partners or principals?
- Subcontractors
 - Do you use the services of any sub contractors? Yes No
 - If “Yes”, estimated annual payments. \$

Are payments for: Labour Only Labour & Materials Activities Undertaken
- Labour Hire or Agency Labour
 - Do you use the services of a labour hire or agency personnel? Yes No
 - If “Yes”, estimated annual payments. \$

Activities Undertaken

DETAILS OF THE BUSINESS/PREMISES

1. Please provide a full description of your business operations along with activities.

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2. Do you perform hotwork? Yes No
 – If “Yes”, is all work performed to Australian Standard 1674 “Safety in Welding and Allied Processes” Yes No

a. Is there a fire watch on each side of the bulkhead being welded? Yes No

b. Hotwork on vessels previously engaged in carrying hazardous cargoes? Yes No
 (e.g. ammunition, explosives, bulk oil or flammable liquids in bulk or gas in bulk.)
 – If “Yes”, Please provide full details of vessels and hazardous cargo.

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c. Any hotwork undertaken or away from your premises? Yes No
 – If “Yes”, please provide further details.

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3. Do you perform any of the following?

Structural work <input type="checkbox"/>	Electrical work <input type="checkbox"/>	Mechanical work <input type="checkbox"/>	Installation work <input type="checkbox"/>
Hull baking oven <input type="checkbox"/>	Spray painting/sand blasting <input type="checkbox"/>	Rail/cradle use/operation <input type="checkbox"/>	Other <input type="checkbox"/>
Construction/maintenance on wharves/jetties/piers/seawalls <input type="checkbox"/>	Manufacturing of vessels/boat building <input type="checkbox"/>	Manufacturing of marine components <input type="checkbox"/>	

– If “Yes”, to spray painting/sand blasting, is all work performed in an enclosed booth workspace or booth? Yes No

4. Do you have representation outside Australia? - If “Yes”, where and what is the nature of your representation in such country? Yes No
 (e.g. domicile employee power of attorney, branch subsidiary, agency, etc.)

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5. Number of years experience in this business? Date on which this business was established?

6. Location of Premises **occupied** for the purpose of conducting this business. State Postcode

7. Do you or does anyone on your behalf operate, manage or own any of the following?

	Yes	No	If “Yes”, please provide details e.g. number, size, capacities, tonnage etc.
a. Slipway	<input type="checkbox"/>	<input type="checkbox"/>	
b. Dry Dock	<input type="checkbox"/>	<input type="checkbox"/>	
c. Floating Docks	<input type="checkbox"/>	<input type="checkbox"/>	
d. Work Barges	<input type="checkbox"/>	<input type="checkbox"/>	
e. Cranes/Cradles	<input type="checkbox"/>	<input type="checkbox"/>	
f. Moorings	<input type="checkbox"/>	<input type="checkbox"/>	
g. Fuel Storage	<input type="checkbox"/>	<input type="checkbox"/>	
i. On or over water	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Land based U/G or above	<input type="checkbox"/>	<input type="checkbox"/>	

8. Please describe what type of repairs are undertaken (if applicable):

Hull	Yes <input type="checkbox"/> No <input type="checkbox"/>	Timber	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mechanical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aluminium	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fibreglass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Steel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		

9. What types of vessels are worked on and approximate percentage?

a. Private	%	Commercial	%	Fishing	%	Others	%
b. What is the maximum length and/or value of vessel worked on? (Metres/Feet)							
c. What is the maximum number of vessels worked on at any one time?							

DETAILS OF THE BUSINESS/PREMISES continued

10. Do you have any product which is incorporated into the structure, machinery or control of any aircraft or aerial device? Yes No

If "Yes", please provide details.

11. Pollution

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

ii. Does your use, storage and disposal 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 all toxic, dangerous or hazardous substances or waste.

12. Do you engage in the towing of vessels? - If "Yes", please provide details. Yes No

a. Do you hold a current towing licence? Yes No

b. Approximately how many times per year would you engage in towing activities?

c. What size/type of vessel do you normally tow?

13. Do you require cover for boat broking? Yes No
- If "Yes", If yes please complete boating broking attachment.

14. What percentage of your revenue is derived from: Marine related work: %

Non-marine related work: %

PRODUCT INFORMATION/TERRITORIAL LIMITS

THE FOLLOWING DETAILS ARE REQUIRED FOR EXPORTED PRODUCTS ONLY

1. Give details of all products in respect to which insurance is required. Attached brochures and other products literature. If more than four (4) products, attached an additional list.

Product Name	1.	2.	3.	4.
Date First Marketed				
Product Description				
Product Use				
Est. Annual Turnover	\$	\$	\$	\$
Turnover Exported	\$	\$	\$	\$
Country Sold To				
Company Representation in this Country	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>

Coverage for PRODUCTS EXPORTED TO USA OR CANADA are excluded from this insurance. Coverage will be provided only if specifically agreed by Liberty International Underwriters and then subject to additional terms and conditions and payment of an extra premium. A USA/Canada export questionnaire will have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS.

1. Can you with certainty, identify the source of every item used in the manufacture of the products? Yes No
If "No", please provide reason.

2. Do you have quality control procedures in place? If "Yes", provide full details. Yes No

3. Are your products subject to any Australian or international standard? If "Yes", provide full details. Yes No

4. Do you have re-call procedures in place? If "Yes", please provide details. Yes No

5. Have you discontinued manufacturing, processing or handling any products? Yes No
- If "Yes", please provide details of reason, type of product, year etc.

CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality in regards to your products, or specifically agreed contracts.

1. Do you assume liability under a contract or hold others harmless or waive your rights of subrogation? Yes No
– If “Yes”, please provide details and attach copies of all agreements.
Coverage will be provided only if specifically agreed by Liberty International Underwriters.

2. Do you or will you enter into a Joint Venture or partnership? Yes No
– If “Yes”, please provide details including % of your share of the Joint Venture.

3. Do you operate under the terms of standard conditions of contract which contain a disclaimer of liability?
Yes – If “Yes”, please attach a copy of a contract.
No – If “No”, would you consider incorporating such conditions in the near future?
If “No”, please provide details below. Yes No

STATUTORY LIABILITY EXTENSION IS CLAIMS MADE INSURANCE

The Statutory Liability coverage is an extension to the policy you are applying for and the Statutory Liability coverage is ‘Claims Made’ insurance. This means that the Statutory Liability extension of the policy applies to claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. Liberty International Underwriters has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the Liberty International Underwriters Privacy Information brochure from any Liberty office or at www.liuaustralia.com.au

DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

DECLARATION AND SIGNATURE

1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I acknowledge you reserve the right to decline any application.

Applicant's Signature	X	Date	
Applicant's Title			

This Policy is underwritten by Liberty International Underwriters is a trading name of Liberty Mutual Insurance Company ABN 61 086 083 605, Incorporated in Massachusetts, USA.
(The Liability of Members is Limited)

