

Cargo Handling Facility Liability Insurance



New Zealand Proposal Form

Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the policyholder listed and all subsidiary companies of the policyholder for which coverage is proposed under this proposal.
4. The terms policyholder and subsidiaries have the same meaning in this proposal form as in the policy.

Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty at common law to disclose to us every matter you know, or could reasonably be expected to know that a prudent insurer would want to take into account in deciding whether to insure you and, if so, on what terms. This applies to all persons to be covered under this contract of insurance.

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

Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that we know or in the ordinary course of our business we ought to know;
- that we state to you that we do not want to know.

Non-disclosure or misrepresentation

If you make a material misrepresentation to us, or if you do not comply with your duty of disclosure, we may treat your policy as if it never existed.

False statement and Fraudulent acts

Your policy is based on the information supplied to us by you or on your behalf. All statements made by you or on your behalf on the proposal and/or questionnaire, in support of this policy, on any claim form or in support of any claim must be true and correct. If you take any action or make any statement in connection with this policy or any claim made under it, which is fraudulent in any way or which is supported by untrue or incorrect information, we are entitled to avoid this policy and all benefits under it will be forfeited.

Privacy Act 1993

Zurich respects your privacy. The following is brought to your attention. However this does not apply to companies.

- (a) This Proposal collects personal information about you;
- (b) The information is collected by Zurich to evaluate the insurance being sought;
- (c) The intended recipient of the information is Zurich;
- (d) The information is being collected and held by Zurich;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- (g) You have rights to access, and correct this information subject to the provisions of the Privacy Act 1993.

Data sharing consent

In order to provide a seamless insurance service globally, Zurich may transfer any data Zurich has received from and any data it holds on the policyholder to other units of Zurich Insurance Group Ltd, such as branches, subsidiaries, or affiliates within Zurich Insurance Group Ltd, cooperative partners of Zurich Insurance Group Ltd, coinsurance and reinsurance companies located in the country of the policyholder or abroad.

Zurich as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure Zurich's global insurance service delivery.

If a broker or agent is acting on behalf of the policyholder, Zurich is authorised to use, process and store data of the policyholder received from such broker or agent, and to forward to such broker or agent data of the policyholder relating to the execution of the policy and the collection of premiums and payment of claims.

Zurich may procure data from government offices and third parties relating to the policyholder to assess a claim in the event of loss or damage.

To enable us to understand your operations and provide our best terms please attach your:

- Annual Report
- Standard Conditions of Service*
- Brochure or other publication describing services provided

*If you use a number of different forms/conditions for various services/facilities, please provide copies of all such forms/conditions.

1 Proposer

Name

Address Postcode

Telephone Fax

Email Website

Please advise details of any related companies to be named in this insurance policy

Name	Type of service offered	Relationship (e.g. subsidiary, joint venture)

2 Services provided

Please provide copies of all relevant documentation establishing ISPS Code (or other security regulation) compliance at the insured locations.

Marine facilities

Description	% of gross revenue	Number	Operated and owned	Operated and leased	Operated by others
General cargo stevedoring					
Container terminal					
Ro ro berth					
Car terminal					
Dry bulk terminal					
Oil and gas terminal					
Other wet bulk terminal					
Livestock facilities					
Passenger/cruise terminal					
Passenger ferry					
Yacht marina					
Dry dock facility					
Ship repair					

2 Services provided (continued)

Land based facilities

Description	% of gross revenue	Number	Operated/owned	Operated/leased	Leased to others
Inland container depot					
Container freight station					
Warehouse - dry					
Warehouse - refrigerated					
Intermodal rail depot					
Air freight depot					
District centre					
Other					

Other services

Description of service	Yes/No	Subcontract Yes/No	Name of subcontractor (copies of contracts may be required)
Local delivery and collection			
Long distance haulage			
Freight forwarding			
Product preparation and configuration			
Consultancy/advisory service *please describe nature of service			
Other *please describe nature of service			

Have you agreed with any of your subcontractors to:

	Yes – in whole	Yes – in part	No
Limit or exclude their liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit or exclude your liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be indemnified by them in respect of your liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indemnify them in respect of their liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'Yes' to any of the above questions, please provide details

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3 General activities

Please advise whether you are involved in any of the following activities at the insured location(s)

Residential development Yes No If 'Yes', please provide details

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Industrial/commercial development Yes No If 'Yes' please provide details

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3 General activities (continued)

Car park Yes No If 'Yes', please advise number of spaces
 Helicopter landing Yes No If 'Yes', please provide details

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Other (please describe details of each activity)

4 Throughput/revenue provided

Throughput	Last year	This year	Forecast next year
Loaded general TEUs			
Loaded reefer TEUs			
Loaded tank TEUs			
Total TEUs			
Breakbulk tonnes			
Refrigerated breakbulk tonnes			
Wet bulk tonnes			
Dry bulk tonnes			
Total bulk tonnes			
Cars			
Passengers			
Livestock			
Gross revenue			
Operational			
Rents received			
Consultancy/advisory			
Other (please specify)			
Total gross revenue			

5 Employee information

Number of employees:
 Managerial Administrative Operational Cargo Handling

 Other Total employees

 Are the cargo handling employees: employed directly by you? employed by a sub-contractor?
 employed by a tenant? hired from the port labour pool?

6 Customer contract information

Please indicate the form of contract with your customers:

- Standard conditions of service
 Individual customer arrangements
 Port tariffs or by-laws
 Standard lease agreements
 None
 Other please provide details

Please forward copies of these contracts

Please indicate the standard of liability under these contracts:

- Limited liability in negligence
 No liability
 Unlimited liability in negligence
 Other please specify

Other than as specified in Section 3 'Other services'	Yes – in whole	Yes – in part	No
Have you indemnified any third party under any contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you waived your rights of recourse against any other party?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you limited your liability under contract against any other party?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you agreed that any other party may limit its liability against you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 Insurance and claims history

Please provide the following information about your current insurance policy:

Name of insurer _____

Renewal date / / Limit of liability \$ _____

Deductibles \$ _____

_____ \$ _____

_____ \$ _____

Premium \$ _____

Please provide details of the claims history for the company, whether below the deductible or not, for the past five years including type of claim (whether settled, rejected or pending), the value of the claim (contracted and paid).

8 Declaration

I/We authorise Zurich Australian Insurance Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

Name of proposer (print) _____

Signature of proposer _____ Date / /

No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Zurich Australian Insurance Limited.

Office use only		
Intermediary	Premium \$	Agent No.
	Special Conditions	