

# Chubb Marine Services Liability

## Proposal Form

### Instructions

Please read the Important Information Section on page 7 before completing this form.

Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

### Section 1 - Insured Details

1. Name of proposer					
2. Address					
3. How long has the company been in business?					
4. Type of business					
5. Period of insurance?	from		to		at 4pm
6. What limit of liability do you require?					
7. Total Actual Turnover (NZ\$) for last financial year?					
8. Total estimated turnover (NZ\$) for next financial year?					

### Section 2 - Business operations

Type/Repair & Service	Description	% Turnover
<b>Ship Repairing</b>		
Hull		
Electric		
Mechanical/engine repair/maintenance		
Hotwork - please advise the types of hotwork undertaken and attach a copy of your safety procedures and protocol		
Spray painting		
Rigging		
<b>Marine Operation</b>		
Mooring		
Boat Lifting		
Boat Cleaning		
Fuel Sales		
<b>Non-Marine Operation</b>		
Restaurant/Cafe		
Other		
Other		
Other		
What is the insured's gross charges?		
Do you have fire safety equipment on premises that conforms to relevant local standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you build new watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details:

Do you undertake structural conversions of watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details:

Is any work performed away from your premises? (including retailing, contracting, repairing, maintenance, building services and installation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details and advise proportion (%) of your overall work:

Do you perform work on watercraft whilst operating at sea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details and advise proportion (%) of your overall work:

Please provide details of all watercraft worked upon

Vessel type	Average value	Maximum value	Average/Maximum GRT/length	% of total business
Tourist/charter	\$	\$		
Pleasurecraft	\$	\$		
Commercial fishing	\$	\$		
Coastal/ocean going	\$	\$		
Navy/defence force	\$	\$		
Oil rigs and the like	\$	\$		
Other	\$	\$		

Please provide details of your workforce

Description	Number	% of gross charges
Employees		
Subcontractors		
Labour hire		
Other		

How do you determine whether your subcontractors have adequate liability cover?

Do you provide any professional advice, design, specification or consultancy services to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide full details:

Do you charge a fee for this advice or service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Section 3 - Business Premises

1. Please describe facilities available, including capacities (e.g. sizes and tonnages) where applicable:

a) Pens/berths:

b) Slipway:

c) Floating docks:

d) Cranes, travel lift, fork lifts:

e) Dry dock:

f) Cradles:

g) Ship repairs:

h) Other facilities:

2. Please supply specimen copy of your contracts or conditions of repairs.

3. Do you have a pollution disaster plan and/or pollution containment equipment?

Yes  No

If Yes, please provide details:

4. 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

### Section 4 - Care, custody or control

1. Do you have any property of others in your physical or legal control?  Yes  No

If Yes, please advise:

Description of property/goods	Location	Maximum value per location
		\$
		\$
		\$

### Section 5 - Contractual liability

1. Have you assumed liability under any contracts or hold others harmless under any agreement?  Yes  No

If Yes, please provide full details and attach copies of these agreements. Please also attach your Terms of Trade (Do not include lease agreements):

### Section 6 - Product details

1. Please provide details of all Products you manufacture, sell, handle, supply or distribute and export or import. (Please attach any product brochures, catalogues or other applicable material)

Product details	(M) Manufacture (I) Import (D) Distribute	Country of origin of imported products	Total turnover
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Do you export any products or goods to USA or Canada?  Yes  No

If Yes, please provide details:

Product details	Total turnover
	\$
	\$
Total	\$

2. Do you design any products you manufacture or sell?  Yes  No

If Yes, please advise whether they are to your own or customers specifications, plans or formulae:

3. Do you operate and maintain a Quality Control or Recording system?  Yes  No

If Yes, please advise:

a) Details of the New Zealand or other relevant standard applicable:

b) How long the quality control system has been in use

4. Has any product been withdrawn or recalled in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide full details:	

### Section 7 - Employers & Statutory Liability

1. Do you have written procedures/manuals and/or systems to ensure compliance with legislation that affects your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, advise how you comply with such legislation	

2. In respect of Health and Safety in <i>Employment Act 1992</i> and Amendments do you have	
a) A hazard identification system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) A Health and Safety manual and training system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 8 - Prior insurance

1. Is the business currently insured for any of the liability covers being applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please advise: Name of Insurer	Expiry date
2. After investigation has any proposed Insured ever had any insurance:	
a) declined or cancelled or renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) special terms or conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) claims declined for this class of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to either a), b) or c) above, please provide full details including the name of the Insurer:	

### Section 9 - Claims and/or loss experience

1. After enquiry, please advise full details of any claims, losses, proceedings, notices or complaints, or any fine imposed or any prosecution under any legislation, made against you during the last 5 years, or any other person or entity to be insured, whether insured or not. Include any which were below a policy excess or deductible. (Complete on a separate sheet if necessary.)

Date of Loss	Description of Loss	Total amount of claim	Loss insured
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are there any claims currently pending against you, or are you aware, After enquiry, of any circumstances that could give rise to a claim under the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide full details:	

3. Have you ever withdrawn a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide full details:	

## Declaration

On behalf of the applicant, I/we declare that:

- a) I/we have read and understood Chubb's Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- b) all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- c) I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- d) I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed			
Name		Date	
Position			

## Important Information

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In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

## Duty of Disclosure

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### Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb’s decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when You make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

### Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

## Financial Strength Rating

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At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

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AAA Extremely Strong	BBB Good	CCC Very Weak	SD or D Selective default or default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Action
A Strong	B Weak		NR Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

## Fair Insurance Code

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We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the Code). The Code and information about the Code is available at [www.icnz.org.nz](http://www.icnz.org.nz) and on request.



## Privacy Statement

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This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand's Privacy Act, as amended or replaced from time to time.

### Personal Information Handling Practices

#### *When do We collect Your personal information?*

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

#### *Purpose of Collection*

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

#### *Recipients of the Information and Disclosure*

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

#### *Rights of Access to, and Correction of, Information*

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing [Privacy.NZ@chubb.com](mailto:Privacy.NZ@chubb.com).

#### *How to Make a Complaint*

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing [enquiries@privacy.org.nz](mailto:enquiries@privacy.org.nz) or using the online form available on the Privacy Commissioner's website at [www.privacy.org.nz](http://www.privacy.org.nz).



## About Chubb in New Zealand

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Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at [www.chubb.com/nz](http://www.chubb.com/nz).

## Contact Us

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Company No. 104656  
Financial Services Provider No. 35924

Chubb. Insured.<sup>SM</sup>