

## A. Notice to the proposed insured

### Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

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

### Non-Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

### Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

### Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

### Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

### Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a. the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- b. the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

### Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

### Special Note

The insurance, if accepted, may be subject to the provisions of the Marine Insurance Act 1906.

If this proposal form is completed in whole or in part by any person other than the proposer then such person shall be deemed to be the agent of the proposer and not the agent of QBE.

The proposer who completes this proposal form has his attention drawn to the terms of Sections 23 to 27 of the Marine Insurance Act 1906 and in particular is informed that the contract of Marine Insurance that may be made and which may have as its basis the material contained herein, is a contract based upon the utmost good faith and in the absence of such good faith, may be avoided. Further, the proposer is informed that there is an obligation to disclose to the insurers every material circumstance which is known to the proposed insured and/or which, in the ordinary course of business, ought to be known to the proposed insured. Every circumstance is material if it would influence the judgement of a prudent insurer in fixing the premium or determining whether he will take the risk. If there is a failure to make such disclosure, the insurers may avoid any contract of insurance that may be made.

The proposer who completes this proposal form is advised that the insurers will not be liable for any loss or damage attributable to unseaworthiness where the vessel is operated whilst in an unseaworthy condition with the privity of the owner. The proposer warrants that the vessel, which is the subject matter of the proposed contract of marine insurance, will at all times be manned and operated as per all appropriate government regulations.

## B. Details of the proposed insured

Name(s) in full

Phone no  Fax no  Mobile no  email

Postal address

Occupation

Name of mortgagee/lessor/any other person not the owner who has any interest in the vessel

Address

Form of borrowing/encumbrance, i.e. mortgage/lease, etc

What is amount currently owed \*?

Is mortgagee/lessor/lender to be named on the policy, or any other person not the owner to be named as insured in the policy?

Period of insurance: from  to

## C. Details of vessel

1.a) Name of vessel  Statutory registration no.

b) Dimensions: Length  Beam  Draft  Depth

c) Type of vessel

d) Material of hull and how built

e) Builder's name  f) Professionally or amateur built

g) Date built  h) Place built  i) Tonnage GRT

2. Main Engines:

a) Make  b) Serial no(s)  c) Power  h.p. or kw

d) No of cylinders  e) Date built  f) Max. designed speed  g) Fuel - petrol / diesel?

## D. Sum insured

1. Total proposed sum insured	Amount *
<b>Comprising</b>	
a) Hull excl. (b), (c), (d), (e) and (f)	<input type="text"/>
b) Machinery	<input type="text"/>
c) Electronic equipment/Navigational aids (where necessary attach schedule giving brand, serial numbers, individual amounts)	<input type="text"/>
d) Dinghy	<input type="text"/>
e) Dinghy motor	<input type="text"/>
Make <input type="text"/> Year built <input type="text"/> hp or kw <input type="text"/> inboard / outboard <input type="text"/>	
f) Other <input type="text"/>	<input type="text"/>
<b>Total sum insured</b>	<input type="text"/>
2.a) Date vessel purchased by present owners <input type="text"/>	
b) Purchase price	<input type="text"/>
c) Additional cost of alterations/improvements	<input type="text"/>
List type of work and values:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

## E. Liabilities

1.a) What amount of third party liability cover is required?

b) Do you wish this cover to extend to liability to fare paying passengers?  Yes  No

c) Do you wish this cover to extend to cover food and drink liability?  Yes  No

d) Number of passengers licensed to carry  e) Maximum duration per trip

f) Is your vessel entered in a P & I Club?

Yes

No

g) If "Yes", please state name

h) If "Yes", is the above liability cover still required?

Yes

No

## F. Proposed insured's record and experience

### 1. Proposed insured's experience:

a) Is the vessel actually skippered by the proposed insured? If "No", please provide details.

Yes

No

  

b) Details of any previous accidents to vessels under your control, management or ownership with cost in each case (last five years)

  

c) Have you ever been convicted of any criminal offence and/or had any maritime licence suspended?

Yes

No

If "Yes", please provide details.

  

d) Have you ever been declared bankrupt or insolvent? If "Yes", please provide details.

Yes

No

  

e) Has any Insurer ever:

(i) Decline to insure or renew cover?

Yes

No

(ii) Cancelled any existing insurance?

Yes

No

(iii) Imposed any restrictions or increased premium?

Yes

No

If "Yes", please provide full details.

  

f) Proposed insured's maritime qualifications/certificates

  

g) Details of sea-going experience

  

## G. Others - record and experience

### 1. Master's experience. If other than proposed insured, please state:

a) Master's name

b) Qualifications

c) Sea-going experience

d) Details of any previous accidents to vessels under master's control, management and/or ownership with cost in each case (last five years)

  

e) Has master ever been convicted of any criminal offence and/or had any maritime licence suspended?

Yes

No

If "Yes", please provide full details.

f) Has any insurer ever:

(i) Decline to insure or renew cover?

Yes

No

(ii) Cancelled any existing insurance?

Yes

No

(iii) Imposed any restrictions or increased premium?

Yes

No

If "Yes", please provide full details.

## 2. Others navigating

a) Will others be permitted to navigate the vessel? If "Yes", state name(s), experience and qualifications:  Yes  No

  

b) Details of any previous accidents to vessels under their control, management or ownership with cost each case (last five years).

  
  

c) Will vessel operate without a qualified master in command?  Yes  No

## H. Crewing

1. Is a qualified engineer employed aboard?  Yes  No

a) If "Yes", please state name(s), experience and qualifications:

  

b) Number of crew when vessel in commission

## I. Operations - navigation survey

1. Operations and navigating limits:

a) Specify type of trade in which vessel engaged

b) Home port and area from which vessel will operate

c) Navigational limits required

d) Navigational limits shown on certificate of survey

e) In which state is vessel in statutory survey?

f) Expiry date of last survey (attach copy of current survey)

g) Date of last independent survey (attach copy of current survey)

h) Where is the vessel normally moored when:

(i) In commission

(ii) Laid up

i) Frequency vessel:

(i) Slipped for inspection

(ii) Inspected at moorings

j) Date moorings last inspected

k) Is the vessel currently in normal use? If "NO", give details of present situation and use.  Yes  No

  

## J. Current insurance arrangements

1. Is the vessel presently insured? If "Yes", please provide:  Yes  No

a) Name of insurer

b) Expiry date

## K. Classification

1.a) Is the vessel in class with a classification society? If "Yes", please state:  Yes  No

(i) Name of society

(ii) Date of expiry for: Loadline survey

Hull survey

Machinery survey

b) In the last five years has the classification:

(i) changed?

 Yes No

(ii) been refused by any classification society?

 Yes No

## L. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

### Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

#### Fiji

#### QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade  
Suva  
Tel: + 679 331 5455  
Fax: + 679 330 0285  
email: info.fiji@qbe.com  
qbepacific.com

#### Papua New Guinea

#### QBE Insurance (PNG) Limited

QBE Building, Musgrave Street  
Port Moresby  
Tel: +675 321 2144  
Fax: +675 321 4756  
Email: info.png@qbe.com  
qbepacific.com

#### Solomon Islands

#### QBE Insurance (International) Pty Limited

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Tel: + 677 388 84  
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#### Vanuatu

#### QBE Insurance (Vanuatu) Limited

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