



Marine and
General Liability
PROPOSAL FORM



Liberty
Specialty Markets



IMPORTANT NOTICE

DISCLOSURE

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise we may be entitled to reduce our liability under the policy or cancel the contract. In the case of fraudulent non-disclosure, we may have the option of avoiding the contract from its beginning. In either case, you may receive nothing from the policy.

PRIVACY NOTICE

Liberty Specialty Markets Singapore Pte Limited (UEN 201538069C) (Liberty) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

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When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

MARINE AND GENERAL LIABILITY PROPOSAL FORM

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities and persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

Warning: If you do not fully and faithfully provide and/or disclose to Liberty facts you know or ought to know with regard to this insurance placement you may receive nothing from this Policy. If you fail to give appropriate disclosure to the insurer, this may permit the insurer to terminate the contract of insurance effective from its commencement date and to recover any claim amounts previously paid by the insurer under the contract.

1. THE INSURED

a) Full name of proposed Insured including subsidiaries

Company Name

b) Full description of your Business operations and activities

2. PERIOD OF INSURANCE

From: / /

To: / / both days inclusive

3. LIMIT OF INDEMNITY

What Limit of Indemnity is required?

☐ USD5,000,000 ☐ USD10,000,000 ☐ USD20,000,000 ☐ Other _____

4. DETAILS OF PREMISES, FACILITIES & WORK PERFORMED

a) Details of premises occupied for the purpose of conducting the Business

	Location	Construction	Age	Fire & Burglary Protection	Owned or Leased
1					
2					
3					

b) Details of facilities

Facilities		Location 1 (as per a) above) E.g. Yes / 2	Location 2 (as per a) above) E.g. No	Location 3 (as per a) above) E.g. Yes / 5
Slipway	Yes/No & Qty			
Dry Dock	Yes/No & Qty			
Floating Dock	Yes/No & Qty			
Work Barges	Yes/No & Qty			
Cranes/Cradles	Yes/No & Qty			
Moorings	Yes/No & Qty			
Fuel Storage	Yes/No & Qty			
i. On or over water?	Yes/No & Qty			
ii. Land based?	U/G or Above & Qty			

c) Type of work performed

Marine – Repairs, Maintenance & Service	Yes/No	% of Revenue	% of Revenue for Work Performed Away from Your Premises
i. Vessels			
i.i Structural repairs to hulls			
i.ii Electrical repairs to hulls			
i.iii Mechanical repairs to hulls			
i.iv Installation / electrical / or fitting out of motors			
ii. Wharves, Jetties, Piers, Seawalls, etc.			
iii. Other – Please describe			

Marine - Manufacturer

- iv. Vessels <10 metres
- v. Vessels >10 metres
- vi. Other Products used in vessels –
Please describe

Non Marine Work (please describe)

5. QUALITY CONTROL & RISK MANAGEMENT

a) Quality Assurance

- i. Do you have ISO or other Industry accreditation? Yes No
If Yes, please attach copy of certificate.
If No, please detail your formal internal QA procedures or the Industry Standards you work to.

b) Pollution

- i. Are you required to hold EPA or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes No
If Yes, please provide details.
- ii. Does your use and storage 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 any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.

c) Sub Contractors – Workers on Site

- i. Is there a formal site induction for Sub Contractors or other Workers at your premises or worksite? Yes No
- ii. Do you request evidence of Liability Insurance from your Sub Contractors? Yes No

d) **Hotwork**

- | | | |
|--|-----|----|
| i. Do you perform hotwork? | Yes | No |
| ii. If yes, is all work performed to a Workplace Safety & Health Act and SS510 Code of Practice for Safety in Welding and Cutting (and other Operations Involving the Use of Heat) 2005? | Yes | No |
| iii. Is there a fire watch on each side of the bulkhead being welded? | Yes | No |
| iv. Hotwork on vessels not previously engaged in carrying hazardous cargos. | Yes | No |
| v. Hotwork on vessels previously engaged in carrying hazardous cargos | Yes | No |
| vi. Any hotwork undertaken or away from your premises? | Yes | No |
- If Yes, please provide further details.

e) **Contractual**

- | | | |
|---|-----|----|
| i. Do you have standard contractual conditions of work? | Yes | No |
| If Yes, please attach a copy. | | |
| ii. Are these conditions used in every instance? | Yes | No |
| iii. Do you enter into agreements whereby you assume liability under contract or hold other parties harmless? | Yes | No |
| If yes, please provide full details and attach copies of all agreements. | | |

6. **ESTIMATED REVENUE, PAYROLL, SUB CONTRACTOR & LABOUR HIRE PAYMENTS**

a) **Revenue**

- | | |
|--|----|
| i. What is your estimated gross annual revenue for the forthcoming year? | \$ |
| ii. What was your gross revenue last year? | \$ |

b) **Payroll** (excluding payments to sub-contractors and labour hire employees)

- | | |
|--|----|
| i. What is your estimated annual payroll for the forthcoming year? | \$ |
| ii. How many partners or principals? | \$ |

c) **Sub-Contractors**

- | | | |
|---|-----|----|
| i. Do you use the services of any sub-contractors? | Yes | No |
| If Yes, Estimated annual payments: | | |
| \$ | | |
| Are payments for labour only or labour and materials? (Please circle) | | |

Activities undertaken:

d) **Labour Hire or Agency Labour**

i Do you use the services of any labour hire or agency labour personnel? Yes No

If Yes, Estimated annual payments: \$

Activities undertaken:

7. **CARE, CUSTODY AND CONTROL**

a) **Vessels**

i. Size and type of vessels normally worked upon

ii. Individual Vessel Value

What is the approximate average and maximum value of the vessels being worked upon:

Average

Maximum

iii. Accumulated Vessel Values

What is the average and maximum number of vessels being worked upon at any one time?

Average Number

Maximum Number

iv. Vessel Transport

Do you road or rail transport non owned vessels? Yes No

If yes, please provide details.

b) **Other Property**

i. Do you require cover for property of others (not vessels) in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy) Yes No

If Yes,

ii. What is the total value of such property at all locations? \$

iii. Give a brief description of such property

8. CLAIMS AND/OR LOSS EXPERIENCE

- a) Have you had any insured and/or uninsured claims in the last five years? Yes No

If Yes, please provide details below:

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From To				

- b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No

If Yes, please provide details.

9. PREVIOUS INSURANCE HISTORY

After investigation have you ever had any:

- | | | |
|---|-----|----|
| a) Insurance declined or cancelled? | Yes | No |
| b) Renewal refused? | Yes | No |
| c) Special conditions imposed? | Yes | No |
| d) Claims denied for this class of insurance? | Yes | No |

10. BROKER INFORMATION

Broker name

Address

DECLARATION

(To be signed by a Partner, Principal or Director.)

I, the undersigned understand, declare and acknowledge:

that I am to disclose in this form fully and faithfully, all the facts that I know or ought to know, otherwise the Policy issued hereunder may be void and I may receive nothing from the Policy;

that I am, after enquiry, authorised by all person(s) or entities seeking insurance to make this proposal;

that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;

that I understand Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;

that if a Contract of Insurance is entered into all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of and shall be the basis of such Contract of Insurance;

that I have read and understood the Important Notices which form part of this proposal;

that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty, if any.

Signed

Print Name

Title

Dated

Checklist

Have you:

Answered all questions on this Proposal Form?

Provided all required attachments?

Signed and dated this Proposal Form?