Liberty

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Proposal Form

Carrier's and Warehousemen's Liability

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer: _____	**Business Registration No.:** _____
Mailing Address: _____ Postal Code ( )	
Email: _____	**Contact No.:** _____
No. of Years in Business: _____	**Period of Insurance:** From _____ To _____
Nature of Business: (Please provide full description)	_____

Details of Carrier's Liability Insurance

a) Please state the types of transportation vehicles used.

_____

b) Please state types of goods handled.

_____

c) Is any hazardous cargo handled? ☐ Yes ☐ No

If Yes, please provide particulars. (Please note that explosive, inflammable, brittle and precious items of high value are excluded.)

_____

d) Please state territorial limit of operation.

_____

e) Please state Annual Gross Receipt as a Carrier ☐ Yes ☐ No

Last Financial Year (As confirmed by your auditor)	Estimate for Current Financial Year	Estimate for Next Financial Year
S$ _____	S$ _____	S$ _____

Details of Warehouse's Liability Insurance (Please fill in below if this insurance is required)

Location (1): ☐ Owned ☐ Rented

Location (2): ☐ Owned ☐ Rented

Location (3): ☐ Owned ☐ Rented

Name of Proposer: _____

Details of Warehouse(s)-Fire Fighting Appliances

	Location 1	Location 2	Location 3
a) Fire Alarm If Yes, where is the fire alarm connected to? Location _____: _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b) Fire Extinguisher	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c) Heat Detector	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d) Hosereel	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e) In-house Fire Brigade If Yes, are they trained and please state the number of persons in the team? _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
f) Smoke Detector	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g) Sprinkler	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h) Yard Hydrants	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
i) Protection other than above: _____			

Details of Warehouse(s)-Security Systems

	Location 1	Location 2	Location 3
a) 24 hours Watchman Services	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b) Burglar Alarm System If Yes, please state: i. Name of Brand ii. Is it connected to a central monitoring station?	☐ Yes ☐ No _____ ☐ Yes ☐ No	☐ Yes ☐ No _____ ☐ Yes ☐ No	☐ Yes ☐ No _____ ☐ Yes ☐ No
c) Grilled Doors	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d) Security Checkpoint	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e) Surveillance Camera	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Details of Warehouse(s)-Other Information

a) Are the locations situated in flood-prone areas? If Yes, please provide details: _____	Location 1 Location 2 Location 3	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No
b) Please state types of goods stored. Location 1: _____ Location 2: _____ Location 3: _____			

Name of Proposer: _____

Details of Warehouse(s)-Other Information

c) Please state Annual Gross Receipt as a Warehousemen.

Last Financial Year (As confirmed by your auditor)	Estimate for Current Financial Year	Estimate for Next Financial Year
S$ _____	S$ _____	S$ _____

Limit of Liability required and Excess to bear by Proposer

	Limit of Liability	Excess
a) Carrier's Liability		
b) Warehousemen's Liability		

Claims Experience

Please provide particulars of claims that have been made against you (or are pending) during the past five (5) years:

Date of Loss	Nature of Loss	Amount Claimed

Other Information

a) Is there any insurance on the following in-force for the same period of insurance being proposed?

i. Carrier's Liability ❑ Yes ❑ No

ii. Warehousemen's Liability ❑ Yes ❑ No

If Yes, please state:

	Name of Insurer:	Expiry Date:
i. Carrier's Liability	_____	_____
ii. Warehousemen's Liability	_____	_____

b) Has any insurer ever declined your application or refused to renew your Policy for the following?

i. Carrier's Liability ❑ Yes ❑ No

ii. Warehousemen's Liability ❑ Yes ❑ No

c) Are the contracts for carriage and/or bailment subject to the standard trading conditions of the Singapore Logistics Association? ❑ Yes ❑ No

If No, please state the type of trading conditions being applied.

_____

Name of Proposer:	_____

Other Information

d) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	❑ Yes	❑ No

Details of Expiring Insurance-Carriers' Liability

Name of Insurer: _____		**Limit of Liability:** S$ _____
Annual Premium: S$ _____	**Excess:** _____	**Expiry Date:** _____
Special Terms and Conditions: _____		

Details of Expiring Insurance-Warehousemen' Liability

Name of Insurer: _____		**Limit of Liability:** S$ _____
Annual Premium: S$ _____	**Excess:** _____	**Expiry Date:** _____
Special Terms and Conditions: _____		

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

Name of Proposer: _____

DECLARATION

I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____ Date

_____ Signature of Proposer & Company Stamp