



PROPOSAL FORM

# Vessel Builders Risk Insurance

[libertyinternational.com/au](http://libertyinternational.com/au)



# Proposal form



## Important Notice

### Your Duty Of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Please note

It is important that all questions are answered fully. Where asked to provide additional information by attachment please do so using the Insured's official letterhead. Once all questions have been answered the Insured must sign and date the proposal in the space provided on the last page.

### Important

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters.

Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms.

Failure to comply with this requirement could affect the validity of the Policy. The construction of this policy shall be governed by English law and practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained in the policy.

# Proposal form



Agent/Broker

Address

## 1. INSURED DETAILS

Name of insured

Additional insured names requiring cover

Other interested parties

Mortgagee

Lessee

Subsidy provider

Other

Principal address of insured

Street

City

State

Country

Principal contact

Telephone

Mobile

Email

Please advise your preferred period of insurance

Start date

End date

## 2. COVERAGE SPECIFICATIONS

**Hull**

**Limit**

**Deductible**

Any one boat

\$

\$

Any one occurrence

\$

\$

Liability (P&I/Collision)

\$

\$

## 3. GENERAL UNDERWRITING INFORMATION

Is the manufacturing location the same as the mailing address?

Yes

No

If no, provide address of plant:

How many years have you been in business?

How long have you been at this location?

Were the buildings constructed specifically for boat building?

Yes

No

Person to contact for inspection

Phone



# Proposal form



Sprinkler system installed in each building? (If no, please advice which) Yes No

What is the protection class at this location

Which buildings contain/use flammables (paint, acetone, MEK, etc)?

Are drums of flammables bonded and ground? Yes No

Is there a night watchmen service/security? Yes No

Is there a central alarm system? Yes No

The alarm system is for Fire Burglary Both

Number of employees

Are subcontractors used? Yes No

If yes, what % of work? %

Is this insurance required to cover these subcontractors liabilities? Yes No

If no, do subcontractors have adequate cover? (Please detail requirements)

---

## 6. VESSEL LIABILITY INFORMATION

Are vessels trialed before delivery? Yes No

If yes, describe where and to what extent:

Are any sea trials or testing of new boat models undertaken? Yes No

If yes, fully explain:

Is there any demonstration of vessels to dealers or buyers Yes No

If yes, fully explain:

Who conducts sea trials, demonstrations or testing:

# Proposal form



How many people are on a sea trial, demonstration or testing?

Are completed vessels ever delivered by water under their own power?

Yes

No

If yes, fully explain

Please provide full details of transport, loading, distance, etc if launched away from site:

Is delivery to be at yard?

Yes

No

If no, is delivery voyage required to be covered?

Yes

No

Details of delivery voyage:

---

## 7. COVERAGE HISTORY

Current insurance company

Current premiums        \$

Rate \$

Has any company ever cancelled or non-renewed within the last 5 years?

Yes

No

If yes, please full explain:

Any vessels held for use, testing or demonstration by builder?

Yes

No

If yes, provide full description of boat and describe fully the use of the boat:

How long has the business been:    Established

Owned

# Proposal form



## 9. LOSS HISTORY: (ATTACH IF NECESSARY)

As shipbuilders for the last five years (including incidents reported and claims not paid). Include name of vessel and type of incident.

Date of loss	Type of loss (Hull/P&I)	Amount (\$)	Description

## 10. LOSS PAYEE/ADDITIONAL INSURED: (ATTACH IF NECESSARY)

Loss payee

Address

Amount of outstanding loan

Additional insured

Address

Relationship to insured

## 11. ADDITIONAL CONTACT INFORMATION

Phone number

Email

Website

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

Signature

Date

Name (please print)

# Proposal form



## 12. DECLARATION

To be signed by the Insured

I, the undersigned, declare and acknowledge:

1. that I am, after enquiry, authorised by all persons 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;
2. that I understand Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
3. 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 such contract of insurance;
4. that I have read and understood the Important Notices which form part of this proposal;
5. 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.
6. that our broker will be supplying information in this proposal to Liberty on our behalf in the online version of the proposal form which includes this Declaration and I understand that Liberty will rely on that online version.

Signature

Date

Name (please print)

### Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).