



PROPOSAL FORM

Marine & General Liability

libertyinternational.com/my



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.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. This means that prior to renewal or any policy variations, as well as advising of new information, you also need to advise the insurer of any changes to the facts previously notified.

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.

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.

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PRIVACY NOTICE

Liberty Pte Limited, Labuan Branch (Company No. LF12903) is a licensed insurer under the Labuan Financial Services and Securities Act 2010 (Licence No.: IS2016162) (**Liberty**) and is authorised by the Labuan Financial Services Authority to conduct general insurance business in Malaysia.

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 and Singapore. 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. 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: [Malaysia Privacy Policy](#).

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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.

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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?

MYR5,000,000 MYR10,000,000 MYR20,000,000 Other _____

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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			

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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

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d) **Hotwork**

- | | | |
|---|-----|----|
| i. Do you perform hotwork? | Yes | No |
| ii. If yes, is all work performed to Factories & Machinery Act 1967 (FMA) and Industry Code of Practice for Safe Working in a Confined Space 2010 (COP) | 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?
If Yes, please attach a copy. | Yes | No |
| 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?
If yes, please provide full details and attach copies of all agreements. | Yes | No |

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) | | |

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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

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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

Proposal Form



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?