



PROPOSAL FORM

# Marine Cargo 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 any insurance contract issued is governed by the Marine Insurance Act 1909 (Cth), then failure to comply with your duty of disclosure may result in your contract being avoided from inception. If any insurance contract issued is governed by the Insurance Contracts Act 1984 (Cth), a failure to comply with your duty of disclosure may entitle the insurer to reduce its liability under the contract in respect of a claim or to cancel the contract. If your non-disclosure 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.

### Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.



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Please also provide a more detailed description of these commodities if required:

## 4. SHIPPING METHODS

Are the commodities specified above principally containerised (ship or air)? Yes    No

If yes, please specify the container type(s):

Full Container Load (FCL) Less than Container Load (LCL) Open top

If yes, please specify the relevant stowage(s)

Above deck Below deck Air only Bulk

If no or above deck was selected above, please provide further details:

## 5. GEOGRAPHIC REGIONS

Do all the Insured's shipments originate from or are they destined to Australia or New Zealand? Yes    No

If no, please provide details:

## 6. DESCRIBE YOUR SHIPMENTS

Please provide a breakdown of the areas that best describe your shipments.

Region	Percentage % to be shipped to or from during policy period	
	Exports (%)	Imports (%)
A. North America and Western Europe		
B. Eastern Europe, CIS Countries, Middle East, Africa, Central Asia		
C. Far East (inc. Philippines, Korea, China, Japan, Vietnam, Sub Continent, Cambodia, Indonesia, Myanmar)		
D. Rest of Asia (inc. Thailand, Taiwan, Malaysia, Singapore, Hong Kong, Pacific Island)		
E. South America and West Indies		
F. Central America and South Africa		
G. New Zealand and Australia		
<b>The total of the fields must equal 100%</b>	<b>TOTAL</b>	

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Please also provide a list of the specific countries you import from and/or export to below.

\*Please note, that this policy excludes shipments to or from certain countries due to geographic, war or other issues.

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## 7. OFAC CONDITION

Notwithstanding anything to the contrary contained herein or endorsed to this Policy, the insurance provided hereunder shall not cover shipments originating in, destined for, in transit through, or containing goods made in any country or geographic region subject to, or which becomes subject to a trade embargo under United States law, including any Executive Order or regulation promulgated hereunder. In addition, the insurance provided hereunder will not cover shipments to or from any entity which is or which becomes subject to a trade embargo under United States law or listed on the Office of Foreign Assets Control list of Specially Designated Nationals.

I confirm that I have read and understood the above. Yes      No

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## 8. MODE OF TRANSPORT

Please select the modes of conveyance used for each shipment.

Exports	Road	Rail	Sea	Air	Post	Waterborne barge
Imports	Road	Rail	Sea	Air	Post	Waterborne barge
Domestic transit	Road	Rail	Sea	Air	Post	Own vehicle

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## 9. INSURANCE AND CLAIMS HISTORY

Please note that the following questions relate to all parties seeking cover under this policy. Enquiry should be made to all parties seeking cover under this policy prior to answering these questions.

Has any insurer declined to provide insurance to, or cancelled an insurance policy held by the Insured or imposed any special conditions, excess or terms? Yes      No

If yes, please provide full details by attachment:

Has the Insured sustained any losses (insured or not) in the last five (5) years? Yes      No

If yes, did the total of all payments made in respect of that claim or claims (including any defence costs incurred) exceed \$5,000? Yes      No

If yes, please provide full details by attachment:



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## 13. DECLARATION

To be made by the Insured

I declare and acknowledge:

- that I am, after enquiry, authorised by all person 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 (Liberty) of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty (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 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.
- 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

Title

Print name

Date

### 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](#).