

# Cargo Handling Facility Liability Insurance



## Proposal form

### Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the policyholder listed and all subsidiary companies of the policyholder for which coverage is proposed under this proposal.
4. The terms policyholder and subsidiaries have the same meaning in this proposal form as in the policy.

### Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Privacy

Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at [www.zurich.com.au](http://www.zurich.com.au) or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

To enable us to understand your operations and provide our best terms please attach your:

- Annual Report
- Standard Conditions of Service\*
- Brochure or other publication describing services provided

\*If you use a number of different forms/conditions for various services/facilities, please provide copies of all such forms/conditions.

## 1 Proposer

Name .....

Address ..... State ..... Postcode .....

Telephone ..... Fax .....

Email ..... Website .....

Please advise details of any related companies to be named in this insurance policy

Name	Type of service offered	Relationship (e.g. subsidiary, joint venture)

## 2 Services provided

Please provide copies of all relevant documentation establishing ISPS Code (or other security regulation) compliance at the insured locations.

### Marine facilities

Description	% of gross revenue	Number	Operated and owned	Operated and leased	Operated by others
General cargo stevedoring					
Container terminal					
Ro ro berth					
Car terminal					
Dry bulk terminal					
Oil and gas terminal					
Other wet bulk terminal					
Livestock facilities					
Passenger/cruise terminal					
Passenger ferry					
Yacht marina					
Dry dock facility					
Ship repair					

**2 Services provided (continued)**

**Land based facilities**

Description	% of gross revenue	Number	Operated/owned	Operated/leased	Leased to others
Inland container depot					
Container freight station					
Warehouse - dry					
Warehouse - refrigerated					
Intermodal rail depot					
Air freight depot					
District centre					
Other					

**Other services**

Description of service	Yes/No	Subcontract Yes/No	Name of subcontractor (copies of contracts may be required)
Local delivery and collection			
Long distance haulage			
Freight forwarding			
Product preparation and configuration			
Consultancy/advisory service *please describe nature of service			
Other *please describe nature of service			

Have you agreed with any of your subcontractors to:

	Yes – in whole	Yes – in part	No
Limit or exclude their liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit or exclude your liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be indemnified by them in respect of your liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indemnify them in respect of their liability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'Yes' to any of the above questions, please provide details

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**3 General activities**

Please advise whether you are involved in any of the following activities at the insured location(s)

Residential development                      Yes     No     If 'Yes', please provide details

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Industrial/commercial development                      Yes     No     If 'Yes' please provide details

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**3 General activities (continued)**

Car park Yes  No  If 'Yes', please advise number of spaces  
 Helicopter landing Yes  No  If 'Yes', please provide details

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 .....  
 .....

Other (please describe details of each activity)

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 .....  
 .....

**4 Throughput/revenue provided**

Throughput	Last year	This year	Forecast next year
Loaded general TEUs			
Loaded reefer TEUs			
Loaded tank TEUs			
<b>Total TEUs</b>			
Breakbulk tonnes			
Refrigerated breakbulk tonnes			
Wet bulk tonnes			
Dry bulk tonnes			
<b>Total bulk tonnes</b>			
Cars			
Passengers			
Livestock			
<b>Gross revenue</b>			
Operational			
Rents received			
Consultancy/advisory			
Other (please specify)			
<b>Total gross revenue</b>			

**5 Employee information**

Number of employees:

Managerial Administrative Operational Cargo Handling  
 .....  
 Other Total employees  
 .....

Are the cargo handling employees:  employed directly by you?  employed by a sub-contractor?  
 employed by a tenant?  hired from the port labour pool?

**6 Customer contract information**

Please indicate the form of contract with your customers:

- Standard conditions of service     
  Individual customer arrangements     
  Port tariffs or by-laws  
 Standard lease agreements     
  None  
 Other please provide details

**Please forward copies of these contracts**

Please indicate the standard of liability under these contracts:

- Limited liability in negligence     
  No liability     
  Unlimited liability in negligence  
 Other please specify

Other than as specified in Section 3 'Other services'	Yes – in whole	Yes – in part	No
Have you indemnified any third party under any contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you waived your rights of recourse against any other party?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you limited your liability under contract against any other party?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you agreed that any other party may limit its liability against you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7 Insurance and claims history**

Please provide the following information about your current insurance policy:

Name of insurer

Renewal date      /      /      Limit of liability \$

Deductibles \$

\$

\$

Premium \$

Please provide details of the claims history for the company, whether below the deductible or not, for the past five years including type of claim (whether settled, rejected or pending), the value of the claim (contracted and paid).

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**8 Declaration**

I/We authorise Zurich Australian Insurance Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

Name of proposer (print) .....

Signature of proposer      Date      /      /

**No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Zurich Australian Insurance Limited.**

**Office use only**

Intermediary	Premium \$	Agent No.
	Special Conditions	