

Ship Repairers Renewal Declaration



Policy Number: _____

Insured full name (including any subsidiary companies):

.....

Expiring Period of Insurance: From / / To / /

Required Limit of Liability: \$

Section 1 – Your business:

Percentage split of turnover estimated in the next 12 months, type of vessels worked on:

Type of vessel:	% split:	Type of vessel:	% split:
Private Pleasurecraft		Charter Vessel	
Commercial Fishing Craft		Working Vessel (incl tugs, barges, ferries, ocean going vessels)	
Naval / Government Vessels		Other (please specify)	

Percentage split of work undertaken by the business:

Type of work:	% split:	Type of work:	% split:
Hull / Shipwright Work		Mechanical / Electrical	
Rigging		Painting / Coating / Antifouling	
Canopies, Covers, Sailmaking		Detailing / Boat Management	
Skippering		Boat Broking	
Other (Please specify):			

Location of where the Business operates from:

.....

Ship Repairers Renewal Declaration



Policy Number: _____

Are Standard Trading Conditions utilised (work order agreements)? Yes / No
 If yes, please supply a copy of contract as signed by customers

Do you undertake regular, documented risk assessment of all equipment used, including but not limited to electrical testing and tagging? Yes / No

As your repairers liability policy is rated factored on your business activities and turnover, please complete the below relating to the last and upcoming policy periods:

	Actual Figures for Expiring Period	Estimated Figures for Renewal Period
Total Gross Earnings/Receipts derived from activities

Section 2 – Business History:

Has any insurer declined your insurance or imposed any Special Conditions on any policies held?

.....

The following are details of any insurance claims, incidents reported or un-insured losses experienced in the last 5 years arising from business operations:

.....

How many years has the business been operating: years

Section 3 - Optional Extensions:

Does your business undertake hotworks, utilise sub-contractors or require pollution cover, if so please complete the below (please note such covers are not included in standard policy cover):

Is cover required for Hotwork Yes / No (if yes complete below)

Do you undertake any welding, metal cutting or grinding? If yes, please provide details of these activities and percentage of overall work:

.....

Do sub-contractors perform work on your behalf: Yes / No (if yes, complete below)

What type of work is subcontracted out?

Ship Repairers Renewal Declaration



Policy Number:

Do you want subcontractors to have the benefit of cover under this policy should a claim be made against them or you, for their work performed for you? Yes / No

If this extended protection is required please provide a list of the contractors to be included and the estimate of payments to be made to each contractor in the next 12 months.

Do you require Pollution risks cover? Yes / No (if yes complete below)

If yes, state what measures & equipment are in place to combat spills/pollution:

.....

Do you require Statutory Liability extension? Yes / No (if yes complete below)

Have you ever had a pecuniary penalty awarded against you for your business activities, including but not limited to:

- a) A discharge, dispersal, release or escape of a Pollutant.
- b) A breach of any Australian Federal, State or Territorial occupational health and safety law or regulation.

Claims history (yes / no) circle as appropriate. If yes, please provide full details:

.....

.....

Do you require Errors and Omissions extension? Yes / No (if yes complete below)

What percentage of your overall gross receipts relate to reports/inspections/valuations provided for a fee? %
---	---------

Please note the following disclaimer **must** be inserted to all reports provided for this extension to apply:

"While we have taken all reasonable care when carrying out the inspection to which this report relates and in producing the information in this report, the inspection did not and the report does not consider the condition of every part of the relevant craft. In particular, this report relates only to those parts of the craft which were able to be inspected without us undertaking major work, including (but not limited to) [insert relevant areas of the vessel]."

Ship Repairers Renewal Declaration



Policy Number:

Have you ever had a claim (whether insured or not) brought against you arising from a report/inspection and or valuation provided by you?

Yes / No (circle as appropriate) If yes, please detail below:

.....
.....

Signed:

Name:		Title:	
Signature:		Date:	