



ZURICH®

Logistics Operator 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 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.

It would assist us in analysing your operations and providing the best cover possible if you would attach:

- | | | | |
|--|-----------------------|--------------------|-----------------------|
| Annual Report | <input type="radio"/> | Storage conditions | <input type="radio"/> |
| Standard Conditions of Service* | <input type="radio"/> | Consignment notes | <input type="radio"/> |
| Brochure or other publication describing services provided | <input type="radio"/> | | |

*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 advise the full title of any statute or other legislation governing operations at the insured locations.
Please provide copies of all relevant documentation establishing ISPS Code (or other security regulation) compliance at the insured locations.

Major facilities

Description	Number	Operated/owned	Operated/leased	Leased to others
Distribution centre				
Container freight station				
Warehouse – dry				
Warehouse – refrigerated				
Inland container depot				
Intermodal rail depot				
Other				

2 Services provided (continued)

Services

Description of service	% of gross revenue	Yes/No	Subcontract Yes/No	Name of subcontractor (copies of contracts may be required)
Ocean freight forwarding				
Air freight forwarding				
Storage				
In-transit storage				
Long distance haulage				
Local delivery and collection				
Freight forwarding agent only				
Product preparation and configuration				
Customs broking				
Packing/consolidation service				
Other *please describe nature of service				

Subcontractors

Please list the type and number of subcontractors you use in your operation

Drivers – short haul Yes No Number

– long haul Yes No Number

Loader/unloader Yes No Number

Storeman/packer Yes No Number

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 Financial details

Please advise annual gross revenue

1. Actual gross revenue – previous year \$

2. Estimated gross revenue – this year \$

Please estimate the percentage of gross revenue

1. Paid to subcontractors (local carriers, consolidators, de-consolidators etc.)				%	
2. Attributable to the following methods of handling:					
break-bulk	%	containerised	%	palletised	%
3. Attributable to carriage within the following regions:					
Australia	%	New Zealand	%	South Pacific	%
Europe	%	Asia	%	Americas	%
4. Represented by the following types of cargo:					
refrigerated cargo	%	personal effects	%	electronics	%
dangerous cargoes	%	valuable cargoes	%	project cargoes	%

4 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?

5 Customer contract information

Please indicate the form of contract with your customers:

Standard conditions of service Individual customer arrangements* Standard lease agreements None
 Other please provide details

*Where you have entered into individual customer arrangements, please list the names of the major contracts

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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

6 Storage/distribution facilities

Please provide details of your storage or distribution facilities

Address	Floor space (square metres)	Type of goods stored	Average total value of goods stored at any one time

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