

TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023

E: info@trimarine.co.za**SHIP REPAIRERS' LEGAL LIABILITY PROPOSAL FORM**

SECTION A: INSURED'S DETAILS				
Name of the Insured:				
Address of the Shipyard(s):				
Company Vat number:				
Company Registration Number:				
No of Employees:	Full Time:		Part Time:	
Number of years in ship repair business under present management:		Years:		
Please attach brief information about the number of years' ship repairing experience of Principals and Senior operation personnel.				
A:				
Q: How long have they been in business?				
A:				
SECTION B: TYPE OF WORK PERFORMED				
Q: What percentage of annual ship repairing gross receipts are generated by repair of vessels with hulls made of:				
Steel:	%	Wood:	%	
Other, please specify hull material and percentage:				
Q: What type of work is performed?				
Hull (non – "Hot" Work):	%	Engine:	%	
Welding/burning/" Hot" Work:	%	Boiler:	%	
Painting/Scraping/Sandblasting:	%	Electrical:	%	
Other:	%			
Q: Do you do ship conversion/reconstruction work?		Yes	No	
If "Yes", what percentage of annual ship repairing gross receipts does this account for?				
A:				

Q: Please advise the following information for each type of vessel worked on:			
Type of Vessel:	No of Vessels worked on	Average / Maximum Vessel Value *	% of annual GR generated by work on each Vessel Type

* Put down length and G.R.T. if values not known.

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Q: Number of Vessels in yard at any one time:

Yard Location	Average No. Vessels in Yard	Maximum No. Vessels Yard Can Accommodate

SECTION C: OPERATIONAL INFORMATION

Q: Are any vessels repaired under cover of a repair shed or other shelter?		Yes		No	
If "Yes", what is the published Fire and E.C. Rate?					
Q: Do you employ, or subcontract in, divers to do work underwater?		Yes		No	
If "Yes", How often?					
Q: Do you ever do work on navy vessels involving the firing or testing of weapons systems?		Yes		No	
Q: Does your work ever involve lifting and/or moving vessels using cranes, hoists etc.?		Yes		No	
If "Yes", please advise:					
How many times a year?		Lifting capacity of each crane?			
Q: Are gas-freeing operations performed at your yard(s)?		Yes		No	
If "yes", do your own employees or outsiders perform gas-freeing certification work?		Yes		No	
If outsiders do gas freeing, do you have any contractual liabilities related thereto?		Yes		No	
*If your own employees do gas freeing work, please attach a list of their names, professional qualifications and experience.					
How many gas freeings are done annually?					
Q: Within how many miles of the yard are the following operations performed?					
Vessel Tests/Trials:	Miles	Vessel movements in connection with repair operations (Such as from one repair pier to another):		Miles	
Describe the extent of any assumed contractual liabilities arising out of vessel movements, test or trials:					

SECTION C: OPERATIONAL INFORMATION CONTINUED

Q: Describe the nature of any repairs carried out away from the yard:

A:

Q: Describe the extent of any assumed contractual liabilities arising out of vessel movements, tests or trials for repairs carried out away from the yard:

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A:			
Q: What percentage of your total annual ship repairing gross receipts does this above away work account for?			
A:			
Q: Do you do any work on vessels that is not repair, reconstruction or conversion work?		Yes	No
A: If "Yes", describe the nature of such work, and note the value of gross receipts it generates:			
Q: How close is the nearest Public Fire Department Station?			
Q: Is the Public Fire Department paid, or volunteer?			
Q: Please note the number of fire hydrants and their proximity to your yard:			
A:			
Q: Describe fully all private fire protection facilities available, including the number of hand-held fire extinguishers and the nature of any sprinkler system:			
A:			
Q: Is the yard fenced?		Yes	No
Q: Describe the nature of security measures, including watchmen:			
A:			
Q: Please note what percentage of your total ship repairing gross receipts are from work:			
Sub-contracted In:		%	Sub-contracted Out: %

- Please provide copies of all sub-contracts entered into.
- Please enclose copies of any property and/or liability insurance surveys done at your yard within the past 18 months, plus diagrams or maps of the yard layout.
- Please enclose a copy of your standard contract terms and any contracts extending your contractual liabilities beyond the terms of your standard contract.

SECTION D: CLAIMS HISTORY

Q: Please provide details of all ship repairing losses, insured or not for the last 7 years:

Date of Loss	Amount of Loss before application of any deductible	Status of Loss (i.e. if paid or reserved)	Brief description of circumstances surrounding loss

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Q: Has any insurer previously refused, cancelled or imposed special terms? If YES, please provide details:	
A:	
Q: Please state the name of your Insurance Broker:	
A:	
SECTION E: ANNUAL GROSS RECEIPTS AND LIMIT REQUIRED	
Q: Please provide details of your annual gross receipts for the last 7 years:	
Year	Annual Gross Receipts
	R
	R
	R
	R
	R
Q: Estimated gross receipts for the next 12 months:	R
Q: Limit of liability insurance required:	R
SECTION F: DECLARATION AND CONSENT	
DECLARATION I/We declare that the information and answers given in this form are true to the best of my/our knowledge and belief and that I/We have not mis-stated or suppressed any material facts that might influence the assessment of the risk. I/We also understand that the completion of this form does not bind insurers or mean I/We will accept this insurance but, if terms are agreed, it will form part of the contract. GENERAL POPI CONSENT CLAUSE By submitting this proposal, I/We consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA. I/We consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection. I/We understand that I/We may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations. Where direct marketing is applicable, I/We understand it will only be sent if I/We provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.	
NAME OF SIGNATORY:	
SIGNATURE:	DATE:

Thank you for taking the time to complete this proposal form.