

## Stevedores' Liability Proposal Form

### Important Notice

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company
  - a) before the inception date where the Policy is issued to an Individual; or
  - b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

Please note that this proposal form is for those in the business of stevedoring activities i.e. providing services of loading or unloading cargoes to/from vessels.

Intermediary's Name / Code: \_\_\_\_\_

1. General Information			
To complete a separate form for other named Proposer (if there are more than one)			
Proposer's Name:			
Business Description:			ROC:
Address:			
Facsimile No:	Telephone No:	Website:	
2. Information on Owners, Partners, Officers and Directors			
Name	Title	Years of Relevant Working Experience	Years with the Company
3. Business Activities and Gross Receipts			
Type of Business Activities	Actual Annual Gross Receipts for last 12 months (S\$)	Estimated Annual Gross Receipts for next 12 months (S\$)	
i. Stevedoring activities			
ii. Non stevedoring activities (if any), to list below :			
a.			
b.			
<b>Total Gross Receipts</b>			
<b>Of the above please advise percentage of work that you sub-contracted to third parties.</b>			
i. Stevedoring	%	%	
ii. Non Stevedoring activities			
a.	%	%	
b.	%	%	
<b>If your non stevedoring activities include Warehousing facilities, a separate Bailee's' Liability policy should be taken up. Please complete the Bailee's' Liability Proposal form for this purpose.</b>			
Do you require that your sub-contractors lodge a copy of their own Stevedores' Liability Insurance with you?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to extend your Stevedores' Liability policy to include the liabilities of your sub-contractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any 'hold harmless and indemnity agreements' affecting Insurers right of recovery, in force? If "Yes", please provide details. Please also supply copies of any operating contractual arrangements.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. State Locations where operations are done</b>		
<b>5. Please advise size and type of vessels loaded and unloaded.</b>		
<u>Type of vessel</u>	<u>Gross Tonnage</u>	
<b>6. Please advise number of vessels handled each year:</b>		
<b>7. Type of Cargo Handled by Percentage (%)</b>		
a. Commodities e.g. coffee beans, rice, sugar etc.		
b. Perishable Cargo e.g. fruits, foodstuff		
c. General Cargo e.g. construction equipment, steel products		
d. Temperature controlled cargoes		
<b>TOTAL</b>	<b>100%</b>	
<b>8. Facilities and Equipment</b>		
a. Are the wharf and/or port operated and controlled by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please note that the policy do not extend to cover your liability as a wharf and/or terminator operator. This should be specifically insured separately.		
b. Are the cranes and/or other equipment leased or hired by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If "Yes", do you accept liability for loss or damage to these cranes/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note that the policy do not extend to cover your contractual liability for loss or damage to these cranes/equipment. They should be specifically insured separately.		
d. Are the cranes and equipment operated by your own employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No", by whom?		
e. Is ships' tackle used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", who operates it?		
<b>9. Limit of Liability required under this insurance</b>		
Limit of Liability Any One Accident and in the Aggregate:		

**10. Loss Experience: Please list all claims &/or losses for the last 5 years regardless of whether there was insurance cover (To attach separate sheet if necessary)**

Nature of Loss	Policy deductible	Original Claim Amount	Claim Status

**11. Employees Information**

Number of employees on permanent employment:

Number of employees on part time employment:

**DECLARATION**

I/We to the best of my/our knowledge and belief that all answers given in this Proposal Form are true, accurate and complete and all material factors affecting the assessment of the risks have been disclosed. I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo") and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Sompo.

I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at [www.sompo.com.sg](http://www.sompo.com.sg)

I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at [www.sompo.com.sg](http://www.sompo.com.sg)

\_\_\_\_\_  
Company Stamp and/or Signature of Proposer

\_\_\_\_\_  
Date

Name of Authorized Signatory:

Designation: