

Marine Cargo Insurance Proposal Form

You are advised to read the following instructions carefully before filling in the Proposal Form.

- A. Please make sure all the questions are answered in this **Proposal Form**.
- B. This proposal should be signed and dated by an authorised officer of the applicant company.
- C. Please note that any declaration of activities, attachment of documents or anything in this proposal form shall not be construed as ACE's acceptance of an insurance agreement

Details of Applicant

1. Company registered name and trading name
.....
2. Business Location Address
.....
3. Subsidiary companies/ branch offices to be added to the Policy, if any, and their registered addresses:
.....

Coverage information

4. Request of Coverage: Please choose the Limits and Deductibles requested.

Limit: \$ **Deductibles: \$**

Policy Period: / / 20 to / / 20

Applicant's business details

5. Please tick the appropriate box(es) and state estimated Sendings (for the coming year) for the operations and services requested to be insured:

Description of Commodities:

Tick as appropriate

Import Conveyance	<input type="checkbox"/> SEA	<input type="checkbox"/> AIR	
Export Conveyance	<input type="checkbox"/> SEA	<input type="checkbox"/> AIR	
Inland Conveyance	<input type="checkbox"/> SEA	<input type="checkbox"/> AIR	<input type="checkbox"/> LAND

Description of Imports:

Importing from:.....

Description of Exports:

Exporting to:

Annual Sendings:

Imports	<input type="checkbox"/> AUD	\$
Exports	<input type="checkbox"/> AUD	\$
Inland	<input type="checkbox"/> AUD	\$

6. Please provide the loss record for past three years. If the space below is not enough, please attach a separate worksheet.

<u>Incident date</u>	<u>Nature of claims</u>	<u>Outstanding Reserve /AUD</u>	<u>Claims Expense / AUD</u>	<u>Claims Paid /AUD</u>
.....
.....
.....
.....

7. Declarations:

We hereby declare and confirm that: -

- a. we have read and understood the content of this proposal form.
- b. all the particulars filled in this proposal form are true, complete and accurate.
- c. the information provided in this proposal form shall form the basis of the Insurance Policy between us and ACE Insurance Ltd.

Applicant’s Signature:

<u>Name</u>	<u>Position</u>	<u>Date</u>
.....

Duty of Disclosure:

Before you enter into the contract of Insurance you must inform us, as required by law, of all matters known to you which you know or would reasonably be expected to know, might influence our decision to issue a policy to you and, if so, on what terms. In particular, you must inform us of any circumstances which are likely or more likely than normal, to result in a claim being made under the policy. Your Duty of Disclosure applies even if we have not specifically enquired into any particular matter. If you fail to comply with the Duty of Disclosure you may prejudice your rights under the policy and your rights to make a claim.

Privacy Statement:

ACE Insurance Limited (“ACE”) is committed to protecting your privacy. ACE collects, uses and retains your personal information in accordance with the National Privacy Principles. Our detailed privacy policy is available on our website at www.aceinsurance.com.au. ACE collects your personal information (which may include health information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim. We collect the information to assess your application for insurance, to provide you or your organisation with competitive insurance products and services and administer them and to handle any claim that may be made under a policy. If you do not provide us with this information, we may not be able to provide you or your organisation with insurance or to respond to any claim.

We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as assessors and call centres), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside Australia.

You agree to us using and disclosing your personal information as set out above. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer.

From time to time, we may use your personal information to send you offers or information regarding our products that may be of interest to you. If you do not wish to receive such information, please contact our Privacy Officer using the contact details provided below.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our customer relations team on 1800 815 675 or email customer.relations@ace-ina.com.

If you have a complaint or want more information about how ACE is managing your personal information, please contact the Privacy Officer, ACE Insurance Limited, GPO Box 4907, Sydney NSW 2001, Tel: 1800 815 675 or email customer.relations@ace-ina.com.