

# Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)

11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## STEVEDORES' LIABILITY PROPOSAL FORM

### IMPORTANT NOTICE

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.

- STATEMENT Pursuant to Section 25(5) of the Insurance Act - 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.
- 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.
- The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

### 1. GENERAL INFORMATION

To complete a separate form for other named insured (if there are more than one)

Company's Name:

Business Description:

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 (\$\$)	Estimated Annual Gross Receipts for next 12 months (\$\$)
i. Stevedoring activities		
ii. Non stevedoring activities (if any), to list below :		
a.		
b.		
<b>Total Gross Receipts</b>		

Of the above please advise percentage of work that you sub-contracted to third parties.

i. Stevedoring	%	%
ii. Non Stevedoring activities		
a.	%	%
b.	%	%

If your non stevedoring activities include Warehousing facilities, a separate Bailees' Liability policy should be taken up. Please complete the Bailees' Liability Proposal form for this purpose.

Do you require that your sub-contractors lodge a copy of their own Stevedores' Liability Insurance with you?  Yes  No

Do you wish to extend your Stevedores' Liability policy to include the liabilities of your sub-contractors?  Yes  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.  Yes  No

**4. State Locations where operations are done**

**5. Please advise size and type of vessels loaded and unloaded.**

Type of vessel	Gross Tonnage

**6. Please advise number of vessels handled each year:**

**7. Type of Cargo Handled by Percentage (%)**

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>

**8. Facilities and equipments**

- a. Are the wharf and/or port operated and controlled by you?  Yes  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 equipments leased or hired by you?  Yes  No
- c. If yes, do you accept liability for loss or damage to these cranes/equipments  Yes  No  
 Please note that the policy do not extend to cover your contractual liability for loss or damage to these cranes/equipments. They should be specifically insured separately.
- d. Are the cranes and equipments operated by your own employees?  Yes  No  
 If no, by whom?
- e. Is ships' tackle used?  Yes  No  
 If yes, who operates it?

**9. Limit of Liability required under this insurance**

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**

The Undersigned being authorised by and acting on behalf of the Proposer declares and warrants all statements made in this proposal form are true, complete and accurate. Acknowledges and agrees that this proposal form is the basis of the contract should a Policy be issued and that it forms a part of the Policy.

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_