

# Commercial Hull Master Declaration

Date of preparation: 25 January 2024

Effective date: 1 February 2024

360MCTCHMDV124



360 Marine, Cargo & Transit Pty Ltd **ABN** 98 666 683 763 is an Authorised Representative (**AR** 1302961) of  
360 Underwriting Solutions Pty Ltd **ABN** 18 120 261 270, **AFSL** 319181  
Suite 1, Level 18, 201 Kent Street, Sydney, NSW 2000

# Important Information

## Important Notices

The information you provide in this document and through any other documentation, either directly or through your insurance Broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance Broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

## Agent of Insurers

360 Marine, Cargo & Transit acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

## Duty of Disclosure

Before you enter into an insurance contract, you have a duty, under both the *Insurance Contracts Act 1984 (Cth)* and the *Marine Insurance Act 1909 (Cth)*, to tell us anything that you know, or could reasonably be expected to know, that 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

Where the *Marine Insurance Act 1909 (Cth)* applies:

If you fail to comply with your duty of disclosure, we may avoid the contract of insurance from its beginning. Where the *Insurance Contracts Act 1984 (Cth)* applies:

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

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.360uw.com.au](http://www.360uw.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

# Commercial Hull Master Declaration

Please return the completed form to your Financial Services Provider.

Policy Number

## Broker/Agent

Name

Postal Address

Suburb

State

Postcode

Phone

Fax

## The Applicant/s

Name

### Tax Status

Registered Business?

Yes

No

ABN

Taxable (%)

 %

Postal Address

Suburb

State

Postcode

Phone (private)

Phone (business)

Fax

Email

Subsidiary/associated companies to be insured

ABN



ABN

Period of Insurance from  /  /  to  /  /  at 4:00pm

Interest insured

Have you ever:

- |   |  |
|---|--|
| <p>a. Had any criminal convictions?</p> <p>b. Had a vessel repossessed?</p> <p>c. Been declared bankrupt or insolvent or even entered into a scheme or arrangements with creditors?</p> | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|---|--|

## Qualifications

List all Certificates or Qualifications held (please supply copies).

Certificates/Qualifications	Date Gained (dd/mm/yyyy)
	/ /
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Where more than one class of licence is held, please state the last time you were employed using each licence.

Date (dd/mm/yyyy)	Description
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## Employment

Give brief details of last 5 years employment (on board any vessel) – list present or most recent employment first.

Name of employers	Vessel's name	Period of employment	Type of fishing	Areas sailed/fished

Please advise if there are any periods of unemployment

## Record

Give details of all accidents and/or incident over last 5 years on vessels under your command or in which you had a financial interest, whether an insurance claim ensued or not.

Date (dd/mm/yyyy)	Vessel	Financial interest?	Claim made?	Details
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Give details of any theft of a vessel under your command or in which you have/had a financial interest. Please also state if any incidents were subject to a statutory enquiry.

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Has your certificate ever been endorsed, suspended or cancelled by an issuing authority? If "Yes", please give details  Yes  No

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Do you have a financial interest in the vessel? (e.g. through ownership, leases, etc). If "Yes", please give details  Yes  No

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Do you have a financial interest in any other vessel? If "Yes", please give details  Yes  No

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## Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I am/We are authorised to make this declaration form on behalf of the company.
2. I/We have received a copy of the Policy Terms and Conditions.
3. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
4. I/We authorise QBE to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant/Broker's Signature

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Date (dd/mm/yyyy)

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# 360

Marine, Cargo & Transit

**NSW**

Suite 1, Level 18  
201 Kent St  
Sydney, NSW 2000

