

Marine One-Off Questionnaire

Insured's name or trading name:

Insured's ID number:

Insured's VAT number:

Company registration number:

Description of business:

Postal address:

Physical address:

Contact person(s):

Email address:

Telephone number: Cell number:

Name and address of any subsidiary, affiliated or associated companies which you wish to include in the insurance:

Telephone number: E-mail:

Website:

1. Location of premises/yard:

2. Nature of work undertaken i.e. repairs, conversions, new buildings etc.

(a) Do you specialise in specific lines of work on certain types of vessels? Yes No

(i) Engine%

(ii) Boiler%

(iii) Electrical%

(iv) Painting/Scraping/Sandblasting%

(v) Welding/Burning/Hotworks%

(vi) Other, please specify:

(b) Is any gas freeing carried out? Yes No

If 'yes', does your own employees or outsiders perform gas freeing work? Yes No

If outsiders do gas freeing, do you have any contractual liabilities related to that? Yes No

If your own employees do gas freeing works please attached a list of their names, professional qualification and experience.

How many gas freeing are done annually?

(c) Do you carry out trials? Yes No

(d) Do you do ship conversion/reconstruction works? Yes No

If 'yes', what percentage of annual gross receipts does this account for?

3. Do you operate the following? If so give brief details of type, age and capacity:

- (a) Slipways Yes No
- (b) Dry-dock Yes No
- (c) Marine railway Yes No
- (d) Grids Yes No
- (e) Cranes Yes No
- (f) Hoists Yes No
- (g) Floating dry-dock Yes No
- (h) Repair pier Yes No

4. Please state the:

(a) Largest vessel (gross tonnage) worked on:

(b) Please state types of vessels worked on e.g. coasters, tugs, tankers etc.
.....

(c) Maximum number of vessels in the yard at any one time:

(d) Material of construction of the hull:

- (i) Steel%
- (ii) Wood%
- (iii) Glass reinforced plastic%
- (iv) Other%

5. Please state the:

- Gross receipts (collected or not) during the last financial year:
- Estimated gross receipts for the next twelve months:
- For what work?
- On what conditions?
- Is such work accompanied by a waiver of subrogation or a hold harmless?

6. The percentage and type of work that is carried out away from the yard and whether the vessel may be considered to be in someone else's care, custody and control.

- (a)
- (b) Number of people employed:
- (c) Approximate annual payroll:

7. Limit of liability required:

8. What losses or accidents whether insured or not have you had in the last five years?

Personal information of minors

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, (full name of competent person), hereby provide my consent to the processing of any information provided herein relating..... (name of minor whose personal information is disclosed herein) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised.

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email: complaints@santam.co.za

Telephone: 0860 102 725

Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za

Postal address: PO Box 31533, Braamfontein, Johannesburg, 2017

Physical address: JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001

Debit order

The premium for this policy is an annual premium but may be paid by monthly debit order instalments through a bank or building society account. If you prefer to pay the premiums by monthly debit order instalments please give the following information:

Name of bank/building society:

Type of account:

Branch code (bank current accounts only):

Name of account holder:

Branch: Account number:

Signature of account holder:

The monthly instalments can be debited to the account on one of the following dates.

Please indicate your preference by ticking the appropriate box:

On or last working day before: 1st or 15th