



Sunderland Marine

Mutual Insurance Company Limited

RENEWAL FORM - LANDBASED & HATCHERY SITES

Name of Insured: _____

Policy Number: _____

Consent

I have received a collection statement from Sunderland Pacific Management Pty Ltd
I give the information contained in this form, and any further information I provide, to Sunderland for the purposes outlined in the collection statement. I understand that this information may be disclosed to, and held by, any of the people or organizations set out in the collection statement for the purposes outlined in the statement. I consent to Sunderland using the information contained in this form for those purposes and disclosing it to the people or organizations identified in the collection statement.

Disclosure of personal information to Sunderland

You agree and warrant to Sunderland that any personal information that you disclose to Sunderland in connection with this claim or with any application for insurance and any policy of insurance subsequently issued has been or will be collected in accordance with the Privacy Act 1988. You also agree and warrant to Sunderland that the individual to whom the personal information relates has been or will be made aware of Sunderland's identity, of how to contact Sunderland, and of the other matters that Sunderland is required to inform a person about whom it collects personal information under the Act and that Sunderland is authorised or permitted to collect any personal information disclosed to it by you or on your behalf.

General Insurance Code of Practice

The Insurance Council of Australia promulgates the General Insurance Code of Practice. We are members of and support the code, which is self-regulatory, and aims to raise the standards of practice and service in the general insurance industry. If you would like further information about the code, please contact us. Alternatively, a full copy of the General Insurance Code of Practice can be viewed at <http://www.codeofpractice.com.au>

1.

PROPOSER'S NAME:

CONTACT NAME:

POSITION WITHIN COMPANY:

MAILING ADDRESS:

POSTCODE: **TEL NO:** **FAX NO:**

MOBILE NO: **E-MAIL:**

SITE NAME:

SITE ADDRESS: **POST CODE:**

SITE LOCATION (Latitude and Longitude): **SITE LICENCE NO:**

TEL NO.: **FAX. NO.:** **E-MAIL:**

SITE MANAGEMENT PERSONNEL

FIRST NAME			
SURNAME			
DATE OF BIRTH			
POSITION	MANAGER	ASS. MANAGER	
QUALIFICATIONS			
NUMBER OF YEARS EXPERIENCE			
NUMBER OF YEARS AT THIS SITE			
MOBILE NO:			

TOTAL NUMBER OF PRODUCTION PERSONNEL

FOR OFFICE USE ONLY	OBSERVATIONS
RECEIVED	
REVIEWED	
INITIATED	

ATTACH AN ANNOTATED PLAN OR PROVIDE A DIAGRAM OF THE SITE:

SHOW:

1. NUMBER & FULL CONSTRUCTION DETAILS OF ALL TANKS OR HOLDING SYSTEMS.
2. PATH OF WATER FLOW, FROM SOURCE TO DISCHARGE / RECIRCULATION.
3. DETAILS OF ALTERNATIVE WATER SUPPLIES IN THE EVENT OF MAIN SUPPLY FAILURE & PERCENTAGE REUSE IF APPLICABLE.
4. DETAILS OF PUMPING WATER (IF ANY).
5. DETAILS OF FILTRATION AND AERATION (IF ANY).
6. DETAILS OF ALARM SYSTEMS INSTALLED (IF ANY) INCLUDING DETAILS OF THE FACTORS MONITORED (E.G. WATER TEMPERATURE, WATER FLOW RATE, WATER LEVEL ETC) AND THE METHOD OF SIGNALLING A SYSTEM FAILURE.
7. STATE REQUIRED MINIMUM FLOW RATE AND DURATION OF SUPPLY AT THIS MINIMUM RATE.
DETAILS OF ALL PRODUCTION PLANT, PUMPS, TREATMENT APPARATUS, GENERATORS ETC.
IF THIS SYSTEM WAS PURPOSE BUILT PLEASE ADVISE DATE OF COMMISSION / CONSTRUCTION, DESIGNOR, CONSULTANTS USED & COPY OF ORIGINAL PLANS.

3.

MAXIMUM STOCKING DENSITY: Kg/m ² or Kg/m ³	WHEN THIS OCCURS:
--	-------------------

STOCK HEALTH RECORD (DETAIL ANY PROBLEMS DURING THE LAST 5 YEARS)

CAUSATIVE AGENT	DATE	TREATMENT	FREQUENCY	OUTCOME

4.

PREVIOUS LOSS HISTORY DURING THE LAST 10 YEARS (WHETHER OR NOT THE SUBJECT OF A CLAIM)

STOCK

DATE	CAUSE OF LOSS	SPECIES	NUMBER	AVERAGE WEIGHT	GROSS LOSS	NETT SETTLEMENT
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				
		Atlantic Salmon				

NAME OF PRESENT INSURERS: RENEWAL DATE:
--

NAME OF ANY PREVIOUS INSURER:

IN RESPECT OF THE PROPERTY, THE SUBJECT OF THIS PROPOSAL, HAS ANY INSURER:

(A) DECLINED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(B) CANCELLED COVER:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(C) IMPOSED RESTRICTED TERMS OR ADDITIONAL PREMIUMS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YES, PROVIDE DETAILS:

PLEASE PROVIDE ANY OTHER INFORMATION WHICH YOU FEEL MAY BE RELEVANT:

SIGNING THIS FORM DOES NOT BIND THE PROVIDER OR INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF THE INSURANCE CONTRACT ENTERED INTO WITH THE COMPANY.

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS PROPOSAL ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION CALCULATED TO INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO THE UNDERWRITING OF THE RISKS TO WHICH THIS PROPOSAL RELATES.

FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY.

INSURERS SHOULD IMMEDIATELY BE ADVISED OF ALL MATERIAL CHANGES OR ALTERATIONS OF THE INFORMATION PROVIDED IN THIS PROPOSAL. A MATERIAL CHANGE IS ONE WHICH WOULD INFLUENCE THE JUDGEMENT OF A PRUDENT INSURER IN SETTING THE TERMS OR PREMIUMS OR DETERMINING WHETHER TO CONTINUE ACCEPTANCE OF THE RISK.

SIGNATURE:	DATE: DD/MM/YY
PRINT NAME:	POSITION:
COMPANY:	
COMPANY ADDRESS:	

Managers
Salvus Bain (Management) Limited

Registered Office: 19 Agnes Street, Jolimont, East Melbourne, 3002, Australia
Tel: +61 (03) 9650 6396 Fax: + 61 (03) 9650 6288 E-mail: mutual@smmi.com.au