



**Sunderland Marine**

Mutual Insurance Company Limited

**Fish Farm Proposal Form**  
(Marine & Freshwater Sites)

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**

<b>FIRST NAME</b>			
<b>SURNAME</b>			
<b>DATE OF BIRTH</b>			
<b>POSITION</b>	Manager	Ass. Manager	
<b>QUALIFICATIONS</b>			
<b>NUMBER OF YEARS EXPERIENCE</b>			
<b>NUMBER OF YEARS AT THIS SITE</b>			
<b>MOBILE NO:</b>			

**TOTAL NUMBER OF PRODUCTION PERSONNEL**

<b>FOR OFFICE USE ONLY</b>	<b>OBSERVATIONS</b>
<b>RECEIVED</b>	
<b>REVIEWED</b>	
<b>INITIATED</b>	



2.

STOCK – CURRENT							
SPECIES	DATE OF TRANSFER	NUMBER AT TRANSFER	WEIGHT AT TRANSFER MAX/MIN	SUPPLIER	PROJECTED MORTALITY TO HARVEST	PROJECTED HARVEST WEIGHT	PROJECTED HARVEST DATE
Atlantic Salmon							
STOCK – FUTURE (WITHIN THE NEXT 12 MONTHS)							
SPECIES	DATE OF TRANSFER	NUMBER AT TRANSFER	WEIGHT AT TRANSFER MAX/MIN	SUPPLIER	PROJECTED MORTALITY TO HARVEST	PROJECTED HARVEST WEIGHT	PROJECTED HARVEST DATE
Atlantic Salmon							
<b>OVERALL MAXIMUM STOCK VALUE: CURRENCY</b>				<b>AMOUNT</b>			
<b>COVER REQUIRED:</b> <input type="checkbox"/>							

**EQUIPMENT:**

TYPE: CAGES, FEED BARGE/ SYSTEM ETC	SIZE	MANUFACTURER	YR OF MANUFACTURE	MATERIAL	NUMBER	VALUE
<b>COVER REQUIRED:</b> <input type="checkbox"/>						

TYPE	DEPTH	MANUFACTURER	YR OF MANUFACTURE	MESH SIZE e.g. 18mm	TWINE SPEC e.g. Denier / Ply	NUMBER	TAGGED YES / NO	VALUE
<b>COVER REQUIRED:</b> <input type="checkbox"/>								

### PREDATOR EXCLUSION

PREDATOR NETS (SEAL, BIRD etc)	TYPE	AGE (YR)	MANNER OF INSTALLATION	VALUE

**COVER REQUIRED:**

### MOORINGS & ANCHORING SYSTEM

	CONCRETE BLOCKS	ANCHORS	OTHER e.g Rock Pins	VALUE Incl; Anchors, Ropes etc.
CAGES				
BARGES				
FEEDING SYSTEMS				
OTHER				
DESIGNED / SPECIFIED BY CAGE MANUFACTURER?				
IF NOT WHO DESIGNED / SPECIFIED	NAME	QUALIFICATIONS	EXPERIENCE	
CAGES INSTALLED BY WHOM?	NAME	QUALIFICATIONS	EXPERIENCE	
SPARE MOORING AVAILABLE ON SITE	<input type="checkbox"/>			

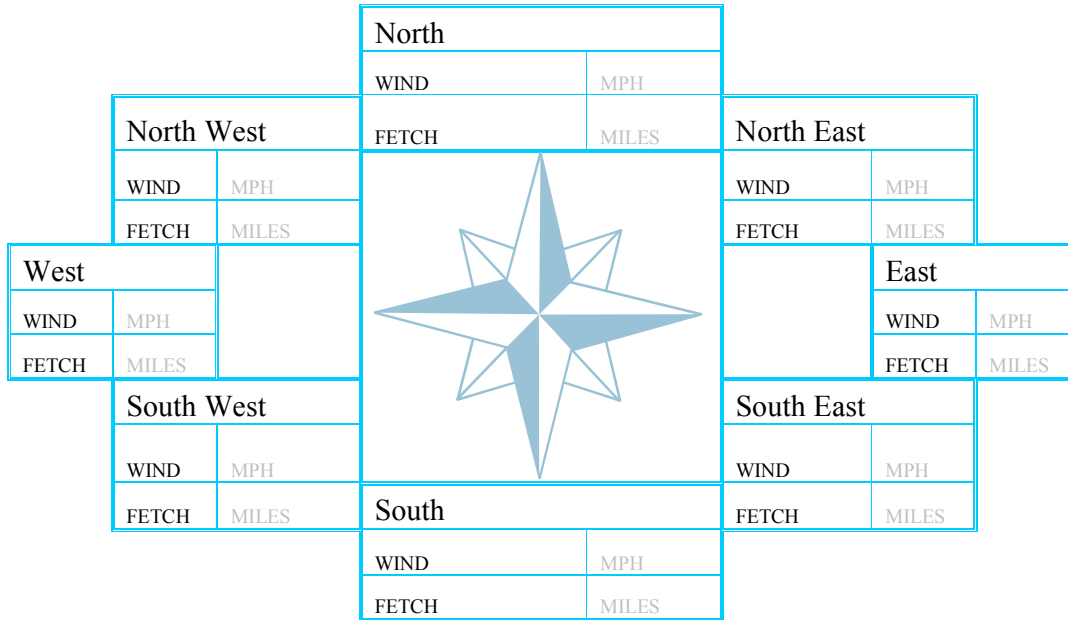
**COVER REQUIRED:**

### BOATS

TYPE	YEAR BUILT	LENGTH	TONNAGE	CONSTRUCTION	VALUE EXCLUDING ENGINE IF OUTBOARD	OUTBOARD MAKE	YEAR OF MANUFACTURE	VALUE OF OUTBOARD

**COVER REQUIRED:**

**SPECIFY THE MAXIMUM WIND STRENGTH & FETCH USING COMPASS ROSE**



**SPECIFY THE LAYOUT OF THE MOORINGS IN THE DIAGRAM BELOW**



**PROVIDE A DIAGRAM OF THE SITE USING THIS SHEET**

3.

**EQUIPMENT CARE & STOCK CONTROL**

FREQUENCY AND EXTENT OF MAINTENANCE

CAGES	DAILY	WEEKLY	MONTHLY	ANNUALLY
BY WHOM:	NAME			
	QUALIFICATIONS		EXPERIENCE	
NETS	DAILY	WEEKLY	MONTHLY	ANNUALLY
BY WHOM:	NAME			
	QUALIFICATIONS		EXPERIENCE	
MOORINGS	DAILY	WEEKLY	MONTHLY	ANNUALLY
BY WHOM:	NAME			
	QUALIFICATIONS		EXPERIENCE	

NET STORAGE:- UNDERCOVER

SCHEDULE OF NET CHANGES:

SHADE NETTING DETAILS: NONE  PARTIAL COVER  COMPLETE COVER

METHOD FOR MORTALITY REMOVAL (OTHER THAN DIVING AS NOTED BELOW)

MAXIMUM STOCKING DENSITY: Kg/m2 or Kg/m3 WHEN THIS OCCURS:

DIVE REPORTS RECORDED: YES  NO

FREQUENCY OF SITE DIVES SUMMER: WINTER:

PURPOSE OF DIVES: MORT REMOVALS  MOORINGS INSPECTION  NET INSPECTION  CAGE COLLAR INSPECTION

**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				
		Atlantic Salmon				

**EQUIPMENT / BOATS**

DATE	CAUSE OF LOSS	VALUE	TYPE: CAGE/BOAT etc	GROSS LOSS	NETT SETTLEMENT

**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:	<input type="checkbox"/>
(B) CANCELLED COVER:	<input type="checkbox"/>
(C) IMPOSED RESTRICTED TERMS OR ADDITIONAL PREMIUMS:	<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.

<b>SIGNATURE:</b>	<b>DATE:</b>
<b>PRINT NAME:</b>	<b>POSITION:</b>
<b>COMPANY:</b>	
<b>COMPANY ADDRESS:</b>	

Managers  
Salvus Bain (Management) Limited

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