



TERMINAL OPERATORS, STEVEDORE & WHARFINGER'S QUESTIONNAIRE

I. Name of Applicant: _____

II. Name and Full Location of Each Facility: (Check ☐ if schedule attached):

1. _____
2. _____
3. _____
4. _____
5. _____

III. Services Performed:

a) Provide the types of operation performed by applicant and revenues generated (Check ☐ all relevant):-

<input type="checkbox"/> Stevedoring	\$ _____	<input type="checkbox"/> Local collection and delivery	\$ _____
<input type="checkbox"/> Terminal Operations	\$ _____	<input type="checkbox"/> Equipment	\$ _____
<input type="checkbox"/> Wharfinger's Operations	\$ _____	<input type="checkbox"/> Waste disposal	\$ _____
<input type="checkbox"/> Container/trailer storage	\$ _____	<input type="checkbox"/> Advice to other operators	\$ _____
<input type="checkbox"/> ICD / Container Freight Station	\$ _____	<input type="checkbox"/> Operating a chassis pool	\$ _____
<input type="checkbox"/> Warehousing	\$ _____	<input type="checkbox"/> Security (e.g. Police)	\$ _____
<input type="checkbox"/> Chassis Maintenance & Repair	\$ _____	<input type="checkbox"/> Bunkering	\$ _____
<input type="checkbox"/> Container Maintenance & Repair	\$ _____	<input type="checkbox"/> Lighterage	\$ _____
<input type="checkbox"/> Depot operator (leasing)	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Emergency (e.g. Fire)	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Airfreight terminal/depot	\$ _____	<input type="checkbox"/> Other	\$ _____

Are any services subcontracted out? Yes ☐ (specify which) No ☐ _____

b) **Warehousing:** Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerized cargo):

What is your responsibility for the cargo stored? _____

Please provide estimated maximum value of goods stored at any one time: _____

Do all warehouses have sprinklers and fire detection systems? Yes ☐ No ☐ Is there a fire main throughout the site? _____

Is there an emergency fire pump or suitable reserve power supply to ensure there is fire fighting water at all times? Yes ☐ No ☐

Do you provide public storage or warehousing: Yes ☐ No ☐ If Yes, What are the terms and conditions of the warehouse agreement:

(Check ☐ if attached) _____

Do you provide warehouse or storage outside of your terminal location? : If Yes, give full details of the locations: _____

Give total operating capacity (%) of the storage facility: Under 50% ☐ 50-75% ☐ Greater than 75% ☐



IV. Annual Tonnage / Throughput: Enter the annual tonnage/ berths of the previous four years, with the bottom row for the estimated tonnage of the proposed policy period for this applicant. (*metric tons*):

Year	Containers <i>Tonnage / Berths</i>	Bulk / Break Bulk <i>Tonnage / Berths</i>	Wet Bulk <i>Tonnage / Berths</i>	Autos <i>Tonnage / Berths</i>	Passengers <i>Tonnage / Berths</i>
Est.					

V. Contracts/Indemnification

a) Contracts with Customers (for example shipping lines): Do you have any of the following contracts with your customer(s)? And if so, please indicate the extent of any liability for your negligence

Extent of any liability or details

Standard contracts

Individual user agreements

Port tariff/act/bylaws

Other

Have you indemnified another person for his negligence under any agreement? (*If yes, provide details*)

Have you waived rights of recourse against another person? (*If yes, provide details*)

VI. Maritime Hazards:

Tidal Range: Mean Water Depth: Speed of Current:

Frequency and Severity of Flooding / High Water/Windstorm

Breadth of River / Channel at Location:

Describe fully, the nature and extent of all waterborne Traffic Passing the facility:

Does applicant dispose of the ships garbage? ☐ Yes (*Choose method*) ☐ No

☐ Specialist Sub Contractor ☐ Municipal Collection ☐ Own Disposal (**specify**) ☐ Port Authority Disposal ☐ Other

Own Disposal method: ☐ Incinerator ☐ Landfill ☐ Other(give details)

Does applicant undertake tank cleaning or testing? Yes ☐ (give details) No ☐



VII. Docking Activity:

How are vessel/barge movements accomplished and by who performs this operation? _____

Is vessel movement subject to USCG regulations? Yes ☐ (explain) No ☐ _____

Are vessels Fleeted ☐ or Kept-In-Waiting ☐ before or after services at the facility? _____

Is the applicant responsible for providing safe berth? _____

Who is responsible for maintaining safe berth & dredging? _____

VIII. Terminal Operations: Attach an aerial/satellite image of all locations. **Available at online resources such as Google maps.**

Description of the physical layout of the terminal operations, including major pipelines and tanks, dock facilities, major waterways and shore side constructions: _____

Percentage of freight handled: Domestic: _____ % International: _____ %

Does the applicant perform any Blending of Products? Yes ☐ (Describe) No ☐ _____

Does the applicant's operation involve lifting and/or moving vessels using cranes, hoists, etc? Yes ☐ (Describe) No ☐ _____

IX. Cargo Handling Operations:

Describe the commodities handled and/or specialized? _____

Describe all owned/leased equipment applicant is responsible for: (Check ☐ if schedule attached): _____

Is Applicant responsible for Stevedoring Operations? Yes ☐ No ☐ (If Yes, give details of facilities and equipment used for loading/unloading operations) _____

Is Applicant responsible for maintenance and repair of cargo handling equipment? _____

Any Gantry/Container crane operated by the applicant? _____

Describe the training requirement for crane/handling equipment operators? _____



Are any tank/liquid storage provided? Yes ☐ No ☐ If Yes, Is pollution insurance required Yes ☐ No ☐

Is Applicant responsible for or owners of any trucks, rail cars, or other vehicles which are in use on the premise? Yes ☐ (Details) No ☐

Does the operation include Lighterage? Yes ☐ No ☐ If yes, what percentage? _____

Is any truck or railcar loading done? Yes ☐ No ☐ If yes, what percentage? _____

X. Safety / Security / External:

Describe nature of any fire protection available at the facility, including distances to municipal, county, or other fire department stations as well as distances to public fire hydrants. Indicate A.I.A. fire protections ration for the area: _____

If Liquid Terminal, what are the Dyking features, including capacities: _____

Are all Tank Vessels / Barges boomed during Loading / Unloading? Yes ☐ No ☐

Describe security at facility: (Tick all the apply) 24 hour Watchman ☐ Fully Fenced ☐ Flood lights ☐

Closed-circuit TV / Video Surveillance ☐ Continual documentation checks ☐ Other ☐ _____

Does applicant have a formal safety program in effect? Yes ☐ No ☐ If yes, please describe or attach. _____

XI. Loss history: Provide five years of Terminal Operators loss history runs for the applicant. (Check ☐ if loss runs attached)

Year	Deductible	# of Claims	Net Losses Paid	Expense Paid	Total Incurred Open or Closed

**** Please give full details of any claim, open or closed, exceeding USD 50,000

XII. Limits & Deductible Requested:



Coverage	Limits <i>(indicate occ / agg)</i>	Deductible (ea)
Bodily injury and Property Damage Combined	\$	
General Aggregate	\$	
Personal & Advertising Injury	\$	
Products & Completed Aggregate	\$	

IMPORTANT:

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Policy.

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

Agent Signature

Date

Applicant Signature

Date