

## General Information

Name of applicant: \_\_\_\_\_

Name and full location of each facility (check ☐ if schedule attached):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Services Performed

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 ☐ No

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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

If yes, give full details of the locations:

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

# 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.					

## Contracts/Indemnification

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?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

Have you waived rights of recourse against another person?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

# 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 ☐ No

☐ Specialist sub contractor ☐ Municipal collection ☐ Own disposal (specify) ☐ Port authority disposal ☐ Other

Own disposal method: ☐ Incinerator ☐ Landfill ☐ Other: \_\_\_\_\_

Does applicant undertake tank cleaning or testing?

☐ Yes ☐ No

Give details: \_\_\_\_\_

# Docking Activity

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

Is vessel movement subject to USCG regulations?

☐ Yes ☐ No

Are vessels fleetted or kept-in-waiting before or after services at the facility?

☐ Yes ☐ No

Is the applicant responsible for providing safe berth?

☐ Yes ☐ No

Who is responsible for maintaining safe berth & dredging?

☐ Yes ☐ No

# 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   ☐ No

Describe: \_\_\_\_\_

Does the applicant’s operation involve lifting and/or moving vessels using cranes, hoists, etc?

☐ Yes   ☐ No

Describe: \_\_\_\_\_

# 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?

☐ Yes   ☐ No

Any gantry/container crane operated by the applicant?

☐ Yes   ☐ No

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   ☐ No

Does the operation include lighterage?

☐ Yes   ☐ No

If yes, what percentage? \_\_\_\_%

Is any truck or rail car loading done?

☐ Yes   ☐ No

If yes, what percentage? \_\_\_\_%

# 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 dyke features, including capacities:

Are all tank vessels/barges boomed during loading/unloading?

☐ Yes ☐ No

Describe security at facility: (check 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.

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 \$50K

Limits & Deductible Requested

Coverage	Limits (indicate occ/agg)	Deductible (each)
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.

Signatures

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: \_\_\_\_\_