

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

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?

Do you provide public storage or warehousing?

Yes No

Yes No

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 Tonnage/berths	Bulk / Break Bulk Tonnage/berths	Wet Bulk Tonnage/berths	Autos Tonnage/berths	Passengers Tonnage/berths
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: _____

Yes No

Does applicant undertake tank cleaning or testing?

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 fleeted 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 protection rating 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 that 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: _____