



When filling out this application, all questions must be answered completely, if a question is not applicable to the operations of the company, please answer “not applicable” or “n/a”. If the answer is none, state “none”. If more space is required to completely answer a question, please attach a separate sheet of paper and identify the question it responds to. Leave no space blank.

1. Name of Applicant: _____

2. Full address of terminal(s): _____

3. Contact name (for survey): _____ Tel No: _____

4. Policy period: _____ Limit of liability required: _____
 From: _____ To: _____ Any one occurrence \$ _____

5. Please advise the gross receipts generated by the following for the past 3 years and estimated for the next policy year.

		2005	2006	2007	2008(est.)
a)	Stevedoring Operations				
b)	Berthing Operations				
c)	Warehousing Operations				
d)	Other (specify)				
e)	Total Gross Receipts				

6. What is the number of dockings annually?

a) Vessels _____

b) Barges _____

c) Other craft (specify) _____

7. Please advise:

a) The number of vessels/barges/craft at the terminal at any one time:

Average _____ Maximum _____

b) The length of stay of vessels/barges/craft at the terminal:

Average _____ Maximum _____

c) The size of vessel/barge/craft capable of being handled by the facility.

Give tonnage and length:

Average _____ Maximum _____

8. How are vessels docked and by whom are vessels moved?

9. How and by whom are vessels secured at the terminal?

10. Are vessels fleeted or otherwise kept in waiting before or after using the terminal?

If Yes, please explain:

11. Are water depths checked and channels dredged on a regular basis, and who is responsible?

12. With respect to all bulk liquids, please advise the annual throughput in barrels for the past 3 years:

2005 _____ 2006 _____ 2007 _____

And projected for the next 12 months 2008 _____

13. With respect to liquid commodities, who would be responsible for hooking-up the vessel to shore transfer pipelines?

14. At what stage does responsibility for the product handled stop?

15. Please advise the following:

	Type of cargo	Tonnage handled in last 12 months	Tonnage estimated for next 12 months	Method of loading or discharge*
a)	General Break-Bulk			
Describe main types of cargo:				
b)	Machinery / Electronics			
Describe different types and state maximum value per item:				
c)	Refrigerated / chilled cargoes			
d)	Bulk Grain			
e)	Coal / Bulk Ores			
Describe different types of Ores:				
f)	Scrap Metals / Steel			
g)	Heavy Lift Cargoes			
Describe type of heavy lift cargoes:				
h)	Explosive, Flammable & Toxic Cargoes			
i)	Automobiles / Vehicles (no. of items)			
j)	Containerized Cargoes (no. of items)			
	(i) 20 foot containers			
	(ii) 40 foot containers			
	(iii) Other sizes (specify)			
k)	Empty containers (no. of items)			
l)	Liquid Commodities			
	(i) Bulk Mineral Oils			
Describe Type:				
	(ii) Bulk Vegetable Oils			
Describe Type:				
	(iii) Liquid Chemicals			
Describe Type:				

* E.G. Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.

16. a) Please advise the number of employees: _____
- b) Please advise the annual wage-roll for the past 3 years:
- 2005 _____ 2006 _____ 2007 _____
- And projected for the next 12 months: 2008 _____

- c) What percentage of your labor force consists of:
- i) Your own full time employees: _____ %
- ii) Independent companies contracted in: _____ %
- iii) Local authority / employer's association labor pools: _____ %
- d) Are you responsible for the acts of categories 16 c) ii) & iii) above?
- Yes No
- If "No", please give details:

17. a) Is there any cargo stored at the terminal? Yes No

If "Yes", Describe all of the storage facilities (other than storage tanks already described), including age, building material, Fire and E.C. rates dimensions, and the type of cargoes stored:

- b) What percentage of the cargoes in store are owned? _____ %
- c) What is the length of period for which goods are stored?
- Average _____ Maximum _____
- d) What are the values of the cargoes / goods in storage at any one time?
- Average _____ Maximum _____
- e) Are tanks dedicated to a single product? Yes No
- f) Are tanks and pipelines independently certified prior to any products being interchanged? _____
- If not, explain how contamination is avoided:
- g) What is the acceptable level of shortage, leakage and contamination percentages, and is this written into your contracts?
- h) Do operations include the mixing, blending, or stabilizing of products?
- Yes No If "Yes" please give details:

18. Do you operate or provide any of the following services?

a) Refrigeration:

i) Points for containers: Yes No

ii) Cold storage facilities: Yes No

If "Yes", please give details:

b) A container freight station: Yes No

If "Yes", please give details:

c) A container storage / repair depot: Yes No

i) Stuffing / unstuffing container: Yes No

If "Yes", please give details:

d) An appointed depot operator for container / trailer leasing companies? Yes No

If "Yes, please give details:

e) An haulage service (either owned or using sub-contracted haulers): Yes No

If "Yes", please give details:

19. a) Enclose a map, chart or diagram showing the physical lay-out of the terminal(s).

b) Describe in full all adjacent properties:

20. Enclose a copy of your operations and safety training manuals, and any brochures describing your operations.

21. a) Enclose copies of all your standard terms & conditions / contracts.

b) Do you have any written contracts with specific clients which contain terms / conditions wider than your standard terms and conditions?

Yes No

If "Yes", please enclose full copies of all such contracts.

22. During the previous 5 years has the coverage being requested ever been written on a "claims-made" basis, or with a discovery period?

Yes No

If "Yes", please give details:

23. Are there any other activities performed at the terminal other than the handling and storage of cargoes, and not already mentioned? Please give full details:

24. Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant?

a) Name of insurance company that presently insures you: _____

25. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If "none", state "none".

Date of Loss	Nature of Loss	Gross Amt. of Loss before any deductible	Current Status, Paid or Outstanding
		\$	
		\$	
		\$	
		\$	
		\$	

Please attach your audited financial statement. Failure to provide an audited financial statement may result in a premium surcharge.

Signing this application does not bind the applicant nor the insurer to the insurance, but it is agreed that the statements contained in this application shall form the basis on which this policy is issued, and the applicant warrants all such statements to be true to the best of its knowledge and belief.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____