PORTS AND TERMINAL OPERATORS PROPOSAL FORM

CONTENTS

IMPORTANT

This form may be completed by your insurance broker. If you have insufficient space to answer any questions, please attach a separate sheet.

You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise, the policy issued hereunder may be void.

Please note all information will be treated in the strictest confidence.

A. DETAILS OF APPLICANT

Company name	Date established	Affiliated companies to be named in the insurance	Relation to the assured
Company address			

B. DETAILS OF BUSINESS & EMPLOYEES

1. Trade Associations Membership

2. Executives and senior managers

name	qualifications	years of experience

3. Employees

Number of executives, senior managers	
Number of clerical employees	
Number of manual employees	

4. Accreditations

Has your company been accredited by any internationally recognised quality assurance organisation, and, if so, which organisation?

accreditation	organisation

C. INFORMATION ON YOUR INFRASTRUCTURE

1. Please indicate the % of turnover derived from your activities as a:	%
Landlord port	
Operational port	

2. Please indicate which of the following you operate from your terminal

a. Berths

Number	
Total Length	
Maximum Draft accommodated	
How often surveyed above and below water line	

b. Warehouses

number dry/ total capacity	number temperature controlled/ total capacity	number dry bulk/ total capacity	number wet bulk/ total capacity

c. Construction type

roof				
walls and floor				
sprinkler installation				
area m2				
maximum value stored				
average value stored				
fire detection				
fire prevention				
CCTV				
24 hr occupation/ security				

d. Inland clearance depot/container freight station

Number	
Area m2	
Perimeter fenced	
Manned entry/exit	
CCTV	
24 hr occupation/security	

e. Container repair facility	
number	
stand alone area	
any non marine work?	
hot work procedures	
f. Offices/Administration Buildings	
roof	
walls and floor	
Sprinklered	
Fire detection	
Fire prevention	
24 hr occupation/security	
g. Other: please provide details	

D. ACTIVITIES/SERVICES

1. Type of operation	Provided directly	Subcontracted	Subcontractors' Limit of Insurance	Policies checked annually yes/no
buoys and other navigational aids				
navigational control				
pilotage				
dredging				
salvage/wreck removal				
tugs				
bunkering				
diving				
security				
fire and other emergency services				
repair and maintenance				
concessions, shops. hotels etc.				
marina				
marine Terminal Operator				
stevedore				
freight forwarder/NVOCC				
warehousing/storage				
road transport operator				
waste disposal				
others				

Please attach a copy of your latest annual report/handbook and a map of the port area/terminal, its boundaries and confines.

2. Other activities		
Do you perform any of the following activities/services:	**yes**	**no**
Mixing or blending of fuels, oils, chemicals either customers or bunkering		
Any non-marine repair work e.g. for external engineering firms		
Waste disposal of any waste other than vessel's domestic waste e.g. any chemicals/high hazard waste		
3. Management features		
Do you have a Disaster Recovery Plan in respect of fire, pollution, and any other catastrophic event? Please supply copy if available.		
A system of regular maintenance and checks on al plant machinery and equipment?		
Continual documentation checks throughout the port area/terminal?		

Please separately provide any surveys of your location that have been carried out within the last 3 years.

E. CONTRACTS/INDEMNITIES

1. Standard trading conditions (if yes, please supply copies)	yes	no
Do You employ Standard and/or National Trading Conditions?		
Do You employ your own Trading Conditions?		`

2. Contracts with customers

Do you have any of the following contracts and if so please indicate the extent of any liability and or any indemnities:

	limited liability in respect of negligence	unlimited liability in respect of negligence	no liability	other, please specify
standard contracts				
individual user agreements				
port tariff/act/byelaws				
no contracts				

3. Other contracts	yes	no
have you indemnified another person for his negligence under any agreement (e.g. for equipment, land or buildings? *		
Have you waived any liability against any parties *		
***** If yes, please provide details separately		
Is there a requirement in your contract with subcontractors that they should have adequate liability and property insurance? **		
** If yes, for which amount?	**EUR**	

F. THROUGHPUT/INCOME

1. Please advise annual volumes for the following:

	last year	**this year**	**estimated next year**
number of TEUs			
% reefer			
Break bulk (metric tons)			
dry bulk (metric tons)			
Non-hazardous liquid bulk			
Hazardous liquid bulk			
cars			
passengers			
livestock			
Project cargo/high value			
other e.g. heavy lift (please specify)			
Annual turnovers EUR (**please state currency if other than EUR)**	**last year**	**this year**	**estimated next year**
Cargo Handling			
Storage			
Repair			
Other			
Totals			

	0 - 5,000 GT	5 - 10,000 GT	10 - 15,000 GT	> 15,000 GT
Vessel calls per annum				

G. LOSS PREVENTION/RISK MANAGEMENT

1. Please attach details of:
a. risk control/loss control management
b. pollution control/environnemental impairment control,
c. property and equipment maintenance and staff training programs

2. Security precautions (including):	**yes**	**no**
24 hour security guards?		
All buildings/perimeter fences/gates alarmed?		
Close circuit TV?		
Continual documentation security checks?		
Other? Please attach details		
3. independent surveys of facilities/equipment during the last twelve months		
Are there any revisions to the loss prevention/risk management measures in i) to v) above envisaged/planned during the policy period?		

* If yes, please attach details.

H. MARINE PROPERTY AND EQUIPMENT

1. Port Property (Please note that this cover is only provided as part of a liability package.)

ALL CURRENCIES ASSUMED TO BE EUR UNLESS OTHERWISE STATED

a. Please advise the type of property and values as follows:

type	**Value (EUR)**
warehouses	
temperature controlled warehouses	
silos	
offices	
Paving / hard standings	
transformer/electrical rooms	
lighting/fences etc.	
quays, wharves, seawalls	
weighbridges/fixed equipment	
plant & machinery	
contents excluding stock	
miscellaneous	

b. Please supply information in respect of construction details, ages, etc.

c. Please add a detailed list of any warehouses you have or maintain control or responsibility for.

d. Coverage (Please advise which limits and deductibles you require)	EUR
Limit	
Deductible	

e. Please provide a five year loss history for your property

Year	Paid EUR	Outstanding EUR	Incurred EUR

* Please provide details of any loss greater than EUR 35,000.

f. Please advise the last dates your wharves and quays were surveyed:	
Above water line	
Below water line	

2. Handling & Associated Equipment:

a. Please complete the following matrix to indicate the total values of equipment located at each of your insured locations:

location	**total insured value**	**number of items valued > EUR 1 million**	**number of items valued > 250,000 < 1 million EUR**	**number of items valued < EUR 250,000**	**replacement/ market value**
totals					

b. Please list all types of cranes and/or individual pieces of equipment with a replacement value of over EUR 500,000

Type	**Brand Name**	**Model**	**Value**

c. Are all your cranes:		**yes**	**no**
Load tested annually			
Slings, hooks, lines etc. suitable for weights used and checked regularly			
Maintained in accordance with manufacturers' recommendations?			
If you have or use conveyor belts are they:			
i.	Maintained in accordance with manufacturers' recommendations?		
ii.	Equipped with friction detectors?		
iii.	Total length of conveyor belts?		metres

d. Coverage (Please advise which limits and deductibles you require)	EUR
Limit	
Deductible	

e. Please provide a five year loss history for your property

Year	Paid EUR	Outstanding EUR	Incurred EUR

* Please provide details of any loss greater than EUR 35,000.

I. BUSINESS INTERRUPTION

1. Please advise limits you require for the following:

	limit	ICOW limit	Excess period	Indemnity Period
port blockage only				
port/berth blockage				
full business interruption				

* please note full Business Interruption is only offered in combination with property and/or equipment

2. Please provide a five year loss history for business interruption

Year	Paid EUR	Outstanding EUR	Incurred EUR

* Please provide details of any loss greater than EUR 35,000.

3. Please advise any piece of property or equipment that is business critical and if lost would result in significant downtime to your operations:

4. Please advise that you have an emergency plan to obtain alternative resources for storage and cargo handling in the event of a loss that would prevent you from trading.

J. INFORMATION ON YOUR INSURANCE HISTORY

Has any insurer:	yes	no
Ever cancelled your insurance?		
Refused to renew any aspect of your insurances?		
Declined to insure any aspect of your insurances?		

K. CLAIMS HISTORY

Please attach full claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible (figures entered should be from the ground up, i.e. without application of your excess/deductible at the time). Please also attach details of any existing litigation.

L. INSURANCE REQUIREMENTS

a. Please indicate the limits you require for the following sections of cover:

Liability to Cargo	EUR	
Third Party Liability	EUR	
Professional Indemnity	EUR	
Liability to Authority	EUR	
Handling Equipment	EUR	
Property	EUR	

b. any other information

Please feel free to attach any additional sheets and detail any further information that may be material to the risk.

M. DECLARATION AND SIGNATURE

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

NAME _____

POSITION _____

SIGNED _____

DATE _____

IMPORTANT

This proposal form is to be completed and signed by the assured and will form part of the Terminal Operators Liability & Property 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.