

PORTS AND TERMINAL OPERATORS PROPOSAL FORM – LIABILITY ONLY

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

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 all 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. 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.

I. 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.