TERMINAL OPERATOR LIABILITY INSURANCE 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 and address	Date established	Affiliated companies to be named in the insurance	Relation to the assured
Please note: If affiliated companies are to be included, the information provided in this proposal form should include their activities			

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	YES/NO	ORGANISATION
Has your company been accredited by any internationally recognised quality assurance organisation, and, if so, which organisation?		

C. SERVICES/ACTIVITIES/VOLUMES

1. SERVICES	**Yes/No**	**Percentage of your total activities**
Stevedoring		%
Container/Trailer freight station		%
Container/Trailer storage		%
Warehousing/storage		%
Local collection and delivery		%
Depot operator		%
Equipment repair/refurbishment		%
Freight Forwarding as agent		%
Freight Forwarding as principal		%
N.V.O.C.C.		%
Minor packaging		%
Ship Agency		%
Road haulage (by means of own trucks/trailers)		%
Other (please specify): - - - -		 % % % %
Are any of above service subcontracted out? If yes, please specify which services		

If available, please attach a copy of your latest annual report/handbook and a map of the terminal, its boundaries and confines.

2. VOLUMES
Please advise annual throughputs broken down into TEU's handled, break bulk and bulk (in metric tons), cars (as units or metric tons) and any other cargoes:

Cargo	**last year**	**this year**	**next year**
TEUs			
Break bulk (metric tons)			
Dry bulk (metric tons)			
Wet bulk (metric tons)			
Cars/Automotive			
Other (e.g. passengers, please specify			

3. SPECIFIC CARGOES
What estimated percentage of your annual turnover is represented by:

cargo	percentage	please specify
Refrigerated cargoes	%	
Tank containers	%	
Bottled spirits	%	
High value goods (e.g. computers, jewellery, cameras, TVs, audio DVDs, equipment, mobile phones)	%	
Tobacco Products	%	
Project cargoes	%	
Dangerous cargoes	%	

4. VESSELS
How many vessels call per annum? Please provide figures broken down into size of vessel:

	Last year	This year	estimated next year
Up to 5,000 GRT			
5,000-15,000 GRT			
Over 15,000 GRT			

D. FINANCIAL AND BUSINESS DETAILS

1a. Annual turnover figures and forecast

Currency	Annual turnover (for the services to be insured) for the last financial year	Estimated annual turnover for this financial year	Please forecast your annual turnover for the next financial year

1b. What percentage of your annual turnover is paid to subcontractors? _____%

E. CONDITIONS OF BUSINESS AND DOCUMENTS

1a. Please list the conditions of business you currently use:

Conditions of business	**if applicable, please tick X**	**please specify trade association and version**	**remarks**
Own standard conditions			please attach a copy
National Stevedoring association conditions			
National Warehousing association conditions			
National Forwarding association conditions			
National Haulage association conditions			
Other conditions, please specify: - - -			

1b. Contracts with Customers (for example Shipping Lines)
Do you have any of the following contracts? And if so please indicate the extent of any liability and/or 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				
Other, please specify				
No contracts				

	YES/NO *
1c. Other contracts Have you indemnified another person for his negligence under any agreement (e.g. for equipment, land or buildings)?	
1d. Rights of recourse Have you waived rights of recourse against another person?	
1e. Subcontractors Is there a requirement in your contract with subcontractors that they have adequate liability and property insurance: If yes, what is the minimum limit that you require?	EUR
1f. Subcontractors' insurance Do you check annually that all subcontractors maintain and renew their insurance?	

F. LOSS PREVENTION/RISK MANAGEMENT

1. Please attach details of:	
a. risk control/loss control management	
b. pollution control/environmental impairment control,	
c. property and equipment maintenance and staff training programs	
d. Security precautions (including):	**YES/NO**
i) 24 hour security guards?	
ii) All buildings/perimeter fences/gates alarmed?	
iii) Close circuit TV?	
iv) Continual documentation security checks?	
v) Other? Please attach details	
2. independent surveys of facilities/equipment during the last twelve months.	**YES/NO ***
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 provide details

G. 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 and advise of any deductible applicable. Please also attach details of any existing litigation.

H. 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 questionnaire is to be completed and signed by the applicant or their authorised broker and will form part of the Transport Operators Liability Insurance. The premium charged and the conditions of this Insurance 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 period of insurance 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 Insurance.