

PORT AUTHORITY QUESTIONNAIRE

1. Name and full address (including post code or zip code and latitude and longitude) of Port Authority and other port locations to be insured.

2. **TYPE OF PORT:**

Are you a landlord port? Yes No or an operational port? Yes No

If you are both a landlord and operational port, please provide the percentage split

based on revenue:- percentage of revenue as a landlord:-%

percentage of operational revenue:-%

For any **Cargo Handling** operations performed by you please complete the relevant parts of the Terminal Operators /Other Operations Questionnaire.

3. **FACILITIES:** Please enter the number of facilities available, if none enter "X" :-

Container terminals	<input type="checkbox"/>	Dry Bulk Terminals	<input type="checkbox"/>
Ro-Ro terminals	<input type="checkbox"/>	Gas terminals	<input type="checkbox"/>
Container Depots	<input type="checkbox"/>	Oil terminals	<input type="checkbox"/>
Warehouses	<input type="checkbox"/>	Passenger Terminals	<input type="checkbox"/>
Temperature Controlled Warehouse	<input type="checkbox"/>	Dry docks	<input type="checkbox"/>
Breakbulk/General cargo terminals	<input type="checkbox"/>	Ship repair	<input type="checkbox"/>
Grain Terminals	<input type="checkbox"/>	Yacht marina	<input type="checkbox"/>

Other (please specify):-

4. **SERVICES:** Services provided by you, please answer "Y" performed by you, "S" performed by your subcontractor and "N" not provided: -

- | | |
|---|--|
| <input type="checkbox"/> Stevedoring; | <input type="checkbox"/> Dredging; |
| <input type="checkbox"/> Marine terminal operator; | <input type="checkbox"/> Tugs; |
| <input type="checkbox"/> Navigational information and aids; | <input type="checkbox"/> Salvage / ship removal; |
| <input type="checkbox"/> Marine traffic control; | <input type="checkbox"/> Bunkering; |
| <input type="checkbox"/> Maintained water depths; | <input type="checkbox"/> Dumpsites / landfill; |
| <input type="checkbox"/> Buoys and lighting; | <input type="checkbox"/> Waste disposal; |
| <input type="checkbox"/> Pilotage; | <input type="checkbox"/> Diving; |
| <input type="checkbox"/> Helicopter landing sites/airport; | <input type="checkbox"/> Advice to other operators; |
| <input type="checkbox"/> Warehousing; | <input type="checkbox"/> Security (e.g. Police); |
| <input type="checkbox"/> Temp. Controlled Warehousing | <input type="checkbox"/> Emergency (e.g. Fire Services); |
| <input type="checkbox"/> Other (please specify); | |

Do you provide any other facilities / services e.g. carparks, shops, oil rig facilities etc.? If yes please g

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

5. CONTRACTS/INDEMNITIES

a) 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 (please tick ✓ the relevant box):-

	Limited liability iro negligence	Unlimited liability iro negligence	No liability	Other Please specify
No contracts ?; <input type="checkbox"/>				
Standard contracts?; <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Indiv. user agreements?; <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Port tariff/act/bylaws?; <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

b) Other Contracts/Leases/licenses:

Do your leases / licences contain indemnities in your favour? Yes No

Do these contracts/leases/licenses have indemnities covering your own negligence?

Yes No

Have you given any indemnities to another party under any agreement?

Yes No

If yes, please give details.

c) Tenants and/or Subcontractors:

Is there a requirement in your Contract with tenants and/or subcontractors that they have adequate liability and property insurance?

Yes No

If yes, what is the minimum limit that you require? USD

Do you check annually that all tenants and/or subcontractors maintain and renew their insurance?

Yes No

Note: There is a policy requirement that your Tenants and Subcontractors purchase and maintain adequate liability and property insurance.

6. VOLUMES - Please advise annual throughputs broken down into TEU's handled, breakbulk and bulk (in tonnes), cars (as units or tonnes) and any other cargoes.

	Last Year	This Year	Estimated Next Year
TEUs
Breakbulk(tonnes)
Dry bulk(tonnes)
Wet bulk(tonnes)
Cars
Other e.g. passengers (please specify)

What is your annual revenue?

	<u>Last Year</u>	<u>This Year</u>	<u>Estimated Next Year</u>
.....

What % of revenue is derived from cargo handling?

	<u>Last Year</u>	<u>This Year</u>	<u>Estimated Next Year</u>
.....

How many vessel calls per annum? Please provide figures broken down into size of

vessel:-

	<u>Last Year</u>	<u>This Year</u>	<u>Estimated Next Year</u>
Up to 5,000 GRT
5,000 - 15,000 GRT
Over 15,000 GRT

7. **EQUIPMENT** - Please provide the aggregate value for the current year and next year and **attach a schedule** showing against each item, description, value and age.

Are your declared values based on:-

New replacement value? Yes No

Market value? Yes No

Depreciated (book) value? Yes No

8. **PROPERTY** - Please **attach a schedule** with description, values, age, location including details of construction and details of fire extinguishing appliances / sprinklers for the large items.

9. **HULL P & I** - Please **attach a vessel schedule** with name, type, use, age, GRT, value and horse power (for tugs), plus number of crew.

10. **BUSINESS INTERRUPTION**

a) Do you require cover for increased cost of working; Yes No
or loss of revenue? Yes No

b) What cover is required?
physical loss/damage of handling equipment? Yes No
physical loss/damage to property? Yes No
or port blockage of Operations? Yes No

c) If port blockage is required, do you require cover for:-
blockage of berths; Yes No
approach channels and locks; Yes No
or land entrances? Yes No

d) Is your electricity supply generated by yourself
or through external means?
(please tick ✓ the relevant box)

Do you have a back up / emergency generator? Yes No

- e) Are there alternative/reserve equipment/ means of access available to mitigate any

claim?

Yes No

If yes, please give details.

Please **attach a map** of the port to illustrate your answer.

11. LOSS PREVENTION / RISK MANAGEMENT - Please **attach details** of :-

a) risk control / loss control management, and

b) pollution control/environmental impairment control, and

c) property and equipment maintenance and staff training programmes.

d) Security precautions (including):

24 hour security guards?

Yes No

All buildings/perimeter fences/gates alarmed?

Yes No

Close Circuit TV?

Yes No

Continual documentation security checks?

Yes No

Other? Please **attach** details

Yes No

e) independent surveys of facilities / equipment during the last twelve months.

Are there any revisions to the loss prevention / risk management measures in a) to d) above envisaged / planned during the policy period?

Yes No

If yes, please **attach** details.

12. 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.

Signed

Date

Designation

IMPORTANT:

This questionnaire is to be completed and signed by the Assured and will form part of the Port Authority 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.

ASSURED TO NOTE:

The construction of this policy shall be governed by English law and practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained within the policy.