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TERMINAL OPERATOR'S LIABILITY INSURANCE APPLICATION SUPPLEMENT

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

1. **NAME OF APPLICANT:** _____

2. **FULL ADDRESS OF TERMINAL(S):** _____

3. **CONTACT NAME :** _____ **TEL.NO:** _____

4. **PLEASE ADVISE THE GROSS RECEIPTS GENERATED BY THE FOLLOWING FOR THE PAST 3 YEARS, AND ESTIMATED FOR THE NEXT POLICY YEAR.**

		YR.	YR.	YR.	(EST)
(a)	STEVEDORING OPERATIONS				
(b)	BERTHING OPERATIONS				
(c)	WAREHOUSING OPERATIONS				
(d)	OTHER (SPECIFY)				
(e)	TOTAL GROSS RECEIPTS				

5. **WHAT IS THE NUMBER OF DOCKINGS ANNUALLY?**

(a) VESSELS _____

(b) BARGES _____

(c) OTHER CRAFT (SPECIFY) _____

6. **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 _____

7. **HOW ARE VESSELS DOCKED AND BY WHOM ARE VESSELS MOVED?**

8. **HOW AND BY WHOM ARE VESSELS SECURED AT THE TERMINAL?**

9. **ARE VESSELS FLEETED OR OTHERWISE KEPT IN WAITING BEFORE OF AFTER USING THE TERMINAL? IF YES, PLEASE EXPLAIN:**

10. **ARE WATER DEPTHS CHECKED AND CHANNELS DREDGED ON A REGULAR BASIS, AND WHO IS RESPONSIBLE?**

11. **WITH RESPECT TO ALL BULK LIQUIDS, PLEASE ADVISE THE ANNUAL THROUGHPUT IN BARRELS FOR THE PAST 3 YEARS:**

YR. _____ YR. _____ YR. _____

AND PROJECTED FOR THE NEXT 12 MONTHS: _____

12. **WITH RESPECT TO LIQUID COMMODITIES, WHO WOULD BE RESPONSIBLE FOR HOOKING-UP THE VESSEL TO SHORE TRANSFER PIPELINES?**

13. **AT WHAT STAGE DOES RESPONSIBILITY FOR THE PRODUCT HANDLED STOP?**

14. 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 ORE:				
(f)	SCRAP METALS/STEEL			
(g)	HEAVY LIFT CARGOES			
DESCRIBE TYPE OF HEAVY LIFT CARGOES:				
(h)	EXPLOSIVE, FLAMMABLE AND TOXIC CARGOES			
(i)	AUTOMOBILES/VEHICLES (NO. OF ITEMS)			
(j)	CONTAINERISED 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.

15. (a) **PLEASE ADVISE THE NUMBER OF EMPLOYEES:** _____
- (b) **PLEASE ADVISE THE ANNUAL WAGE-ROLL FOR THE PAST 3 YEARS:**
 YR. _____ YR. _____ YR. _____
AND PROJECTED FOR THE NEXT 12 MONTHS: YR. _____
- (c) **WHAT PERCENTAGE OF YOUR LABOUR FORCE CONSISTS OF:**
- (i) YOUR OWN FULL TIME EMPLOYEES: _____%
- (ii) INDEPENDENT COMPANIES CONTRACTED IN: _____%
- (iii) LOCAL AUTHORITY/EMPLOYER'S ASSOCIATION LABOUR POOLS: _____%
- (d) **ARE YOU RESPONSIBLE FOR THE ACTS OF CATEGORIES 15(c)(ii) & (iii) ABOVE?**
 YES NO
 IF "NO", PLEASE GIVE DETAILS: _____

16. (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), AND THE TYPE OF CARGOES STORED:

- (b) WHAT PERCENTAGE OF THE CARGOES IN STORE IS 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 PRODUCT 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 STABILISING OF PRODUCTS?
YES NO IF "YES", PLEASE GIVE DETAILS _____

17. DO YOU OPERATE OR PROVIDE ANY OF THE FOLLOWING SERVICES?

(a) REFRIGERATION: YES NO
(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 CONTAINERS: 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 HAULIERS):

YES NO

IF "YES", PLEASE GIVE DETAILS: _____

18. (a) ENCLOSE A MAP, CHART OR DIAGRAM SHOWING THE PHYSICAL LAY-OUT OF THE TERMINAL(S).

(b) DESCRIBE IN FULL ALL ADJACENT PROPERTIES: _____

19. ENCLOSE A COPY OF YOUR OPERATIONS ANS SAFETY TRAINING MANUALS, AND ANY BROCHURES DESCRIBING YOUR OPERATIONS.

20. **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: _____

21. **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:**

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. THIS APPLICATION WILL BE APPENDED TO THE POLICY.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT: _____ TITLE: _____