

TERMINAL OPERATORS QUESTIONNAIRE

1. Name and address (including post code or zip code and latitude and longitude) of terminal operator and other terminal locations to be insured.

2. **SERVICES:** Types of operation performed by you (please tick / those relevant to you)..-

- | | |
|--|--|
| <input type="checkbox"/> Stevedoring;
<input type="checkbox"/> Marine terminal operator;
<input type="checkbox"/> Container/trailer freight station;
<input type="checkbox"/> Container/trailer storage/repair depot;
<input type="checkbox"/> Inland Clearance Depot (ICD);
<input type="checkbox"/> Airfreight terminal/depot;
<input type="checkbox"/> Warehousing;
<input type="checkbox"/> Emergency (e.g. Fire);
<input type="checkbox"/> Other (please specify and give details); | <input type="checkbox"/> Local collection and delivery;
<input type="checkbox"/> Depot operator for leasing companies;
<input type="checkbox"/> Equipment repair/ refurbishment;
<input type="checkbox"/> Waste disposal;

<input type="checkbox"/> Advice to other operators;
<input type="checkbox"/> Operating a chassis pool;
<input type="checkbox"/> Security (e.g. Police);
<input type="checkbox"/> Bunkering; |
|--|--|

Are any services subcontracted out ? Yes (specify which) No

Please **attach** a copy of your latest annual report/handbook and a map of the terminal, it's boundaries and confines.

3. **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 v' 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 -

Have you indemnified another person for his negligence under any agreement (e.g

for equipment, land or buildings)?
 If yes, please give details separately.

Yes No

Have you waived rights of recourse against another person?
 If yes, please give details separately.

Yes No

c) Subcontractors:

Is there a requirement in your contract with 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 subcontractors maintain and renew their insurance?

Yes No

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

4. 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>
.....

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

5. 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

6. 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.

7. 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?

- 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.

8. 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| All buildings/perimeter fences/gates alarmed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Close Circuit TV? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Continual documentation security checks? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other? Please <u>attach</u> details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- 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.

9. 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.

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.