



TERMINAL OPERATORS QUESTIONNAIRE – JANUARY 2004

TERMINAL OPERATORS QUESTIONNAIRE

1. **NAME & ADDRESS:** Please list the name and address of terminal operator, and enclose your latest annual financial report and terminal handbook.
2. **LOCATION(S):** Please list the address of your location(s), including the postal/ zip codes where applicable, and latitudes & longitudes and attach a map showing the outline and boundaries of the terminal(s).
- 3a. **SERVICES:** Types of operation performed by you (please tick ✓ those relevant to you):-
- | | |
|---|--|
| <input type="checkbox"/> Stevedoring; | <input type="checkbox"/> Local collection and delivery; |
| <input type="checkbox"/> Marine terminal operator; | <input type="checkbox"/> Depot operator (leasing companies); |
| <input type="checkbox"/> Container/trailer freight station; | <input type="checkbox"/> Equipment repair/ refurbishment; |
| <input type="checkbox"/> Container/trailer storage | <input type="checkbox"/> Waste disposal; |
| <input type="checkbox"/> Inland Clearance Depot (ICD); | <input type="checkbox"/> Advice to other operators; |
| <input type="checkbox"/> Airfreight terminal/depot; | <input type="checkbox"/> Operating a chassis pool; |
| <input type="checkbox"/> Warehousing; | <input type="checkbox"/> Security (e.g. Police); |
| <input type="checkbox"/> Emergency (e.g. Fire); | <input type="checkbox"/> Bunkering; |
| <input type="checkbox"/> Other (please specify and give details); | |

Are any services subcontracted out?

Yes (specify which) No

3b. SERVICES - WAREHOUSING

Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerised cargo):

- What is your responsibility for the cargo stored?
 - No Responsibility (if YES, please move to Question 4) Yes No
 - Responsible only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes No
 - Responsible for care, custody and control of all cargo, but no responsibility for force majeure? Yes No
 - Responsible for care, custody and control of all cargo, including responsibility for force majeure? Yes No

- Please provide estimated maximum value of goods stored at any one time: USD _____

- What % of your total revenue is generated by warehousing operations? _____%

- Do all warehouses have sprinklers and fire detection systems? Yes No
If NO, please **attach** details of your fire detection measures.

- Is there a fire main throughout the site? Yes No

- Is there an emergency fire pump or suitable reserve power supply to ensure there is fire fighting water at all times? Yes No

4. CONTRACTS/INDEMNITIES

a) Contracts with Customers (for example shipping lines):

Do you have any of the following contracts with your customer(s)? And if so, please indicate the extent of any liability for your negligence (please tick ✓ the relevant box):-

	Limited liability iro negligence	Unlimited liability iro negligence	No liability	Other
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"/>
Individual 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"/>

If "Other" is ticked, please give details.



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b) Other Contracts -

Have you indemnified another person for his negligence under any agreement (e.g. for equipment, land or buildings)? Yes No

If yes, please give details separately.

Have you waived rights of recourse against another person? Yes No

If yes, please give details separately.

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, and that you review those policies annually*

5. Volumes - Please advise Cargo throughputs per Policy Year:

	<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>
TEU's			
Break Bulk (tonnes)			
Dry Bulk (tonnes)			
Wet Bulk (tonnes)			
Autos			
Passengers			
Others (specify below)			

What is your annual revenue?

<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>



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

	<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>
Up to 5,000 GT			
5,000 to 15,000 GT			
Over 15,000 GT			

6. **HANDLING 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

Please provide your estimated **Maximum Possible Loss**. USD _____

7. **PROPERTY** –

a) Please provide a summary of property values broken down as follows:-

	<u>SUM INSURED US\$</u>
Wharves, Quays and Jetties	
Buildings	
Warehouse/Storage Facilities	

- b) Please also **attach a full schedule** with description, values, age, location including details of construction and details of fire extinguishing appliances / sprinklers;
- c) Please itemise separately (together with the location) any single structure where the insured value is in excess of USD 15,000,000;
- d) Please itemise separately (together with location) any property outside the confines of the port;

Please provide your estimated **Maximum Possible Loss**. USD _____

8. BUSINESS INTERRUPTION

a) What is your applicable annual revenue?

<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>

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

c) What cover is required?
physical loss/damage of handling equipment? Yes No
physical loss/damage to property? Yes No
and port blockage of your operations? Yes No

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

e) 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

f) 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.



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

- a) Your risk control / loss control management,
- b) pollution control/environmental impairment control,
- c) property and equipment maintenance and staff training programmes,
- d) all fire detection and fire fighting equipment and its condition, include equipment in buildings, warehouses and on cargo handling equipment, particularly grain and coal conveyors and other equipment, susceptible to fire/explosion;
- e) 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

f) independent surveys of facilities / equipment during the last twelve months. If you do not have a recent satisfactory survey, it will be a subjectivity of your quote that a survey be performed at your expense, unless otherwise agreed.

Are there any revisions to the loss prevention / risk management measures in a) to f) above envisaged / planned during the policy period? Yes No

If yes, please **attach** details.

g) International Ship & Port Facility Security Code compliant. Yes No
If no, please advise status of application.

10. CLAIMS HISTORY - Please **attach** separate Liability and Physical Damage claims histories (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

Company Position



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IMPORTANT:

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance 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 in the policy.