

SECTION 1 - GENERAL

a. Name and address of port/terminal operator and other terminal locations to be insured	
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SECTION 2 - SERVICES

a. Type of operation performed by you (please tick those relevant to you):-			
Stevedoring	Local collection and delivery	Marine terminal operator	Deposit operator for leasing companies
Container/trailer freight station	Equipment repair/refurbishment	Container/trailer storage/repair depot	Waste disposal
Inland Clearance depot	Advice to other operators	Airfreight terminal/depot	Operating a chassis pool
Warehousing	Security (e.g. Police)	Emergency (e.g. Fire)	Bunkering
Other (please specify and give details)			
b. Are any services subcontracted out			Yes No
If yes, please specify and give details			

SECTION 3 - CONTRACTS

a. Contracts with Customers			
i. You have (please tick as applicable):-			
	No contracts	Yes	No
	Standard contracts	Yes	No
	Individual user agreements	Yes	No
	Port tariff/act/byelaws	Yes	No
ii. Under these contracts you have:-			
Limited liability in respect of negligence	Unlimited liability in respect of negligence	No liability	
Other (please specify)			
c. Other Contracts			
i. 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			
ii. have you waived rights of recourse against another person		Yes	No
If yes, please give details			

SECTION 4 - VOLUMES

- a. 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 (please specify)			

- b. What is your annual revenue

Last Year	This Year	Estimated Next Year

- c. How many vessel calls 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			

SECTION 5 - EQUIPMENT

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

Current Year	Next Year

- b. Are your declared values based on:-

New replacement value	Yes	No
Market value	Yes	No
Depreciated (book) value	Yes	No

SECTION 6 - PROPERTY

- a. Please attach a schedule with values, approximate location including details of construction and details of fire extinguishing appliances for the large items.

SECTION 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			
	loss/damage/breakdown of cranes	Yes	No
	loss/damage to property	Yes	No
	or port blockage	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. Are there alternative equipment/means of access available to mitigate any claim		Yes	No
If yes, please provide details			
Please attach a map of the port to illustrate your answer			

SECTION 8 - LOSS PREVENTION / RISK MANAGEMENT

Please attach details of:-

- Risk control / loss control management, and
- Pollution control/environmental impairment control, and
- Property and equipment maintenance and staff training programmes, and
- independent surveys of facilities/equipment during the last twelve months

SECTION 9 - CLAIMS HISTORY

- Please attach or list below, full claims history (both paid and outstanding for the last 5 complete years net of any deductible)

Any other information that contributes towards a fair presentation of the risk

LIABILITY QUESTIONNAIRE

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By completing and signing this questionnaire I confirm that I have provided a fair presentation of this risk and accept that if this is found not to be true, any claim may not be paid in full

Signed:

Date:

Designation: