



Port Authority & Terminal Operators Proposal Form

1 GENERAL INFORMATION

Name of Insured _____
Main Address _____
Telephone _____
Fax _____
E-mail _____
Website _____

Other addresses/locations _____

Year of formation _____ Number of Employees: Full Time _____
Part Time _____
Directors/Officers/Partners _____

Are you a member of any Trade Associations? Y / N
If YES, which ones? _____

2 INFORMATION ON YOUR INFRASTRUCTURE

Are you a: Landlord Port? Y / N If YES, what % income is derived? _____ %
Operational Port? Y / N If YES, what % income is derived? _____ %

If you are a Landlord Port, please state your top three tenants: 1 _____
2 _____
3 _____

Please describe your current activities: _____

Please indicate which of the following you operate from your Port / Terminal:

i. Berths Number _____
Total Length _____
Maximum Draft Accommodated _____
How often surveyed above and below water line _____



ii. Warehouses	Number Dry	_____	_____	_____
	Number Reefer	_____	_____	_____
	Construction Type:			
	Walls	_____	_____	_____
	Roof	_____	_____	_____
	Sprinklered	_____	_____	_____
	Area m ²	_____	_____	_____
	Maximum value stored	_____	_____	_____
	Average value stored	_____	_____	_____
	Fire Detection	_____	_____	_____
	Fire Prevention	_____	_____	_____
	CCTV	_____	_____	_____
	24hr Occupation / Security	_____	_____	_____
iii. Internal Clearance Depot/Container Freight Station	Number	_____	_____	_____
	Area m ²	_____	_____	_____
	Perimeter Fence	_____	_____	_____
	Manned entry/exit	_____	_____	_____
	CCTV	_____	_____	_____
	24hr Occupation / Security	_____	_____	_____
iv. Container Repair Facility	Number	_____	_____	_____
	Stand Alone Area	_____	_____	_____
	Any Non-Marine Work	_____	_____	_____
	Hot Work Procedures	_____	_____	_____
v. Offices/Administration Buildings	Walls	_____	_____	_____
	Roof	_____	_____	_____
	Sprinklered	_____	_____	_____
	Fire Detection	_____	_____	_____
	Fire Prevention	_____	_____	_____
	24hr Occupation / Security	_____	_____	_____
vi. Other: Please provide details:	_____			

3 INFORMATION ON YOUR ACTIVITIES/SERVICES

Do you employ Standard and/or National Trading Conditions? If YES, please supply copies	Y / N
Do you employ your own Trading Conditions? If YES, please supply copies	Y / N
On which basis do your contracts operate?	
No Contracts Y / N	Limited Liability Y / N
	Unlimited Liability Y / N



Please indicate which of the following services you provide:

Provided Directly	Sub Contracted	Sub contractors Limit of Insurance	Policies checked Annually
<input type="checkbox"/> Marine Terminal Operator	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Stevedore	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Freight Forwarder/NVOCC	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Warehousing/storage	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Road Transport Operator	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Marina	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Pilotage	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Dredging	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Salvage/Removal of Wreck	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Navigational Control	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Buoys and Navigational Aids	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Tugs	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Bunkering	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Security	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Fire/Emergency Services	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Repair and Maintenance	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Diving	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Waste Disposal	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Concessions/Hotels/Bars/Shops/etc	<input type="checkbox"/>	USD _____	<input type="checkbox"/>
<input type="checkbox"/> Others	<input type="checkbox"/>	USD _____	<input type="checkbox"/>

Who are your major customers? (Note all information will be treated in the strictest confidence)

Other Activities:

Do you perform any of the additional?

- i. Mixing or blending of fuels, oils, chemicals either for Third Party clients or bunkering purposes? Y / N
- ii. Any non marine repair work e.g. for external engineering firms? Y / N
- iii. Waste disposal of any waste other than vessels domestic waste
i.e. any chemicals/high hazard waste? Y / N

Do you perform any of the additional?

- i. Do you have a disaster recovery plan in respect of fire, pollution, and other catastrophic event? Please supply a copy if it is available. Y / N
- ii. A system of regular maintenance and checks on all plant machinery and equipment? Y / N
- iii. Continual documentation checks throughout the terminal? Y / N
- iv. Please describe the actions undertaken in order to comply with the ISPS Code. Y / N
- v. Please provide any surveys of your location that have been carried out within the last 3 years. Y / N

Do you perform any of the additional?

- i. Do you require sub contractors and other service providers to indemnify you against their own negligence? Y / N
- ii. Do you insist on being named as an Additional Assured on their policies? Y / N
- iii. Do you provide any indemnities / hold harmless towards other parties? Y / N
- iv. Do you waive any liability towards any parties? Y / N



4 INFORMATION ON YOUR THROUGHPUT/INCOME

Please provide your annual volumes for the following:

	Last Year	This Year	Next Year
Type of Cargo			
Containers TEU			
Containers Reefer			
Containers Extrasize			
Breakbulk Tonnes			
Dry Bulk Tonnes			
Wet Bulk Tonnes			
Non Hazardous Liquid Bulk			
Hazardous Liquid Bulk			
Cars (Private / Commercial)			
Passengers			
Livestock			
Project Cargo / High Value			
Heavy Lift			

Gross Revenues USD			
Cargo Handling			
Storage			
Repair			
Other			
Totals			

	0-5,000GT	5-10,000GT	10-15,000GT	> 15,000GT
Vessel Calls				

5 INFORMATION ON YOUR INSURANCE HISTORY

For the last three years, please indicate your broker and insurance company:

Current Broker _____
 Broker, last year _____
 Broker, 2 years previous _____

Current Insurer _____
 Insurer, last year _____
 Insurer, 2 years previous _____

Has Any Insurer:

- i. Ever cancelled your insurance? Y / N
- ii. Refused to renew any aspect of your insurances? Y / N
- iii. Declined to insure any aspect of your insurances? Y / N

If you have answered YES to any of the above, please provide us with some details:



6 YOUR CLAIMS HISTORY

Please provide your claims record for the last 5 years. Figures entered should be from the ground up, i.e. without application of your excess/deductible at the time.

Year	Paid USD	Outstanding USD	Total USD
Current			
Less one			
Less two			
Less three			
Less four			

Please detail any claim over USD 25,000 as follows:

D.O.L.	Details of Claim	Paid USD	O/S USD	Fees USD	Total USD

* Date of Loss

7 YOUR INSURANCE REQUIREMENTS

Please indicate the limits you require for the following sections of cover we can offer:

- Section 1 Liability of Cargo USD _____
- Section 2 Handling Equipment USD _____
- Section 3 Third Party Liability USD _____
- Section 4 Professional Indemnity USD _____
- Section 5 Liability to Authority USD _____
- Section 6 Property USD _____
- Section 7 Business Interruption / Port Blockage USD _____

Please indicate the deductible you require: USD _____

If Business Interruption arising out of Port/Berth Blockage is required:

- a) Could you supply a plan of your Port/Terminal.
- b) Advise back up facilities you have in the event of an emergency.

8 ANY OTHER INFORMATION

Please detail any further information that may be material to the risk. Please feel free to attach any additional sheets and information.



9 DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence Navigators' assessment of the risk. We also understand that completion of this form does not bind either Navigators or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with you.

Signed: _____ Position: _____

Date: _____

