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):-

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❒ Stevedoring;
❒ Marine terminal operator;
❒Container/trailer freight station;
❒Container/trailer storage
❒ Inland Clearance Depot (ICD);
❒ Airfreight terminal/depot;
❒ Warehousing;
❒ Emergency (e.g. Fire);
❒ Other (please specify and give details);

❒ Local collection and delivery;
❒ Depot operator (leasing companies);
❒ Equipment repair/ refurbishment;
❒ Waste disposal;
❒ Advice to other operators;
❒ Operating a chassis pool;
❒ Security (e.g. Police);
❒ Bunkering;

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 ?; ❒				
Standard contracts?; ❒	Y ❒ N ❒	Y ❒ N ❒	Y ❒N ❒	Y ❒N ❒
Individual user agreements?; ❒	Y ❒ N ❒	Y ❒ N ❒	Y ❒N ❒	Y ❒N ❒
Port tariff/act/bylaws? ❒	Y ❒ N ❒	Y ❒ N ❒	Y ❒N ❒	Y ❒N ❒

If "Other" is ticked, please give details.

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**:

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

What is your annual revenue?

LAST YEAR	CURRENT YEAR	NEXT YEAR ESTIMATE

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

	LAST YEAR	CURRENT YEAR	NEXT YEAR ESTIMATE
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:-

	SUM INSURED US$
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?

LAST YEAR	CURRENT YEAR	NEXT YEAR ESTIMATE

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

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 _____

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.

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων
Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.
Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνω ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .
Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *
Ονομα
Θέση της εταιρείας
Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος