

TERMINAL OPERATOR'S LIABILITY SUPPLEMENT

GENERAL INFORMATION

1. Name Insured:

RECEIPTS

Provide gross receipts generated by the following for the past 3 years and estimated for the next policy year:

	YR.	YR.	YR.	(EST)
Stevedoring Operations	\$	\$	\$	\$
2. Berthing Operations	\$	\$	\$	\$
Warehousing Operations	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
TOTAL GROSS RECEIPTS	\$	\$	\$	\$

VESSELS

Provide the number of dockings annually:

	Vessels	Barges	Other Watercraft (Specify)
3. Dockings			

Provide the following:

	AVERAGE	MAXIMUM
4. The number of vessels/barges/crafts at the terminal at any one time:	#	#
The length of stay of vessels/barges/craft at the terminal:	Days:	Days:
The size of vessel/barge/craft capable of being handled by the facility: Give tonnage and length:	Tons:	Tons:
	LOA:	LOA:

5. How are vessels docked?

6. By whom are vessels moved?

7. How and by whom are vessels secured at the terminal?

8. Are vessels fleeted or otherwise kept in waiting before or after using the terminal?
(If yes, please explain) Yes No

9. Are water depths checked and channels dredged on a regular basis, and who is responsible?

With respect to all bulk liquids, please advise the annual throughput in barrels for the past 3 years and projected for the next 12 months:

	YR.	YR.	YR.	Projected
10.				

11. With respect to liquid commodities, who would be responsible for hooking up the vessel to shore transfer pipelines?

12. At what stage does duty for the product handled stop?



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CARGO

Type of Cargo	Tonnage Handled in Last 12 Months	Tonnage Estimated for Next 12 Months	Method of Loading or Discharge*
a) General Break-Bulk			
Describe main types of cargo:			
Machinery/Electronics			
b) Describe different types and state maximum value per item:			
c) Refrigerated/Chilled Cargo			
d) Bulk Grain			
e) Coal/Bulk Ores			
Describe different types of ore:			
f) Scrap Metals/Steel			
g) Heavy Lift Cargo			
Describe type of heavy lift cargo:			
13. h) Explosive, Flammable and Toxic Cargo			
i) Automobiles/Vehicles (No. Of Items)			
Containerized Cargo (No. Of Items)			
j) (i) 20 Foot Containers			
(ii) 40 Foot Containers			
(iii) Other Sizes (Specify)			
k) Empty Containers (No. Of Items)			
l) Liquid Commodities			
(i) Bulk Mineral Oils			
Describe type:			
(ii) Bulk Vegetable Oils			
Describe type:			
(iii) Liquid Chemicals			
Describe type:			

**E.G. CRANE, CONTAINER CRANE, VACUUM, CONVEYOR BELT, RO-RO, GRAB, SLINGS, ETC.*



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STORAGE

14. Is there any cargo stored at the terminal? <i>(If yes, please provide details on storage facilities and the type of cargo stored)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. What percentage of the cargo in store is owned?	%	
16. What is the length of period for which goods are stored?	AVERAGE	MAXIMUM
	:Days	:Days
17. What are the values of the cargo and goods in storage at any one time?	\$	
18. Are tanks dedicated to a single product?	Yes <input type="checkbox"/> No <input type="checkbox"/> No Tanks <input type="checkbox"/>	
19. Are tanks and pipelines independently certified prior to any product being interchanged? <i>(If no, please explain how contamination is avoided)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> No Tanks/Pipelines <input type="checkbox"/>	
20. What is the acceptable level of shortage, leakage, and contamination percentages, and is this written into your contracts?		
21. Do operations include the mixing, blending, or stabilizing of products? <i>(If yes, please provide details)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. What type of construction is the storage building(s)?		
23. Is there security at the storage building? <i>(If yes, please provide details)</i>		



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SERVICES

Do you operate or provide any of the following services:

	a) Refrigeration (including cold storage facilities and points for containers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) A container freight station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	c) A container storage/repair depot (including stuffing/unstuffing containers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d) An appointed depot operator for container/trailer leasing companies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	e) A haulage service (either owned or using subcontracted haulers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	f) <i>If any of the above are yes, please provide full details:</i>		
25.	During the previous 5 years, has coverage being requested ever been written on a "Claims-Made" basis, or with a discovery period? <i>(If yes, please provide details)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.	Are there any other activities performed at the terminal other than the handling and storage of cargo? <i>(If yes, please provide details)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27.	Describe in full all adjacent properties to terminal(s): <i>(Attach a map, chart, or diagram showing the physical layout of the terminal(s))</i>		
28.	What security or other protections are there at this location?		

Attach copies of your operations, safety training manuals, and any brochures describing your operations.

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts, and I/we agree that this application shall be the basis of the contract with underwriters if issued.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: _____

Title: _____

Print Name: _____

Date: _____

