



Form Application Cargo Handlers

SPECIFIC QUESTIONNAIRE: Cargo Handlers

A. NAME & ADDRESS OF APPLICANT

Name:

Street:

City, State:

Zip:

B. SERVICES TO BE INSURED

For each box you tick, the corresponding section below must be duly completed. You can disregard all other sections.

MARINE TERMINAL OPERATOR
NON-MARINE TERMINAL
OPERATOR
WAREHOUSE OPERATOR
CUSTOM CLEARANCE

Important

This questionnaire is to be duly completed and signed by the insured. In the event insurance is effected, this questionnaire will form part of the policy and cover is subject to the original signed questionnaire being received by the Company within 30 days from inception.

Any changes during the policy period in the nature of the insured's operations, which materially changes or alters in any way the information provided in this questionnaire, must immediately be advised to the Company, failing which, the validity of the policy may be affected.

Name

Position

Signature

(By typing your name, you are officially signing this form)

Date

C. MARINE TERMINAL OPERATOR

**C.1. PLEASE ADVISE ANNUAL
GROSS TURNOVER:**

**C.2. PLEASE INDICATE VOLUMES
HANDLED:**

Loaded (TEU)

Loaded Reefer

CONTAINERS

(TEU)

Empty (TEU)

UNITS

RO-RO

CARS/VEHICLES	UNITS
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Breakbulk (M/T)

Refrigerated

Breakbulk (M/T)

BULK

Dry Bulk (M/T)

Wet Bulk (M/T)

Please specify:

OTHER

**C.3. PLEASE LIST 5 MOST
IMPORTANT NON-CONTAINERISED
CARGOES HANDLED AT THE
TERMINAL:**

**C.4. PLEASE ADVISE WHETHER
YOU TRADE UNDER CONTRACTS,
STANDARD TRADING CONDITIONS
OR PORT ACTS WHICH PROVIDE
FOR LIMITED LIABILITY IN
NEGLIGENCE:**

YES

NO

PLEASE PROVIDE COPY

**C.5. PLEASE ADVISE WHETHER
YOU EMPLOY:**

A) OWN LABOURERS:

YES

NO

B) LABOURERS FROM A PORT
LABOUR POOL:

YES

NO

C) LABOURERS FROM AN
EMPLOYMENT AGENCY:

YES

NO

PLEASE NOTE THAT YOUR POLICY
DOES NOT COVER YOUR LIABILITY
FOR PERSONAL INJURY TO
EMPLOYEES, INCLUDING

LABOURERS HIRED FROM A PORT
LABOUR POOL OR EMPLOYMENT
AGENCY

**C.6. DO YOU OPERATE A
WAREHOUSE?**

YES

NO

*IF YES, PLEASE COMPLETE
SECTION E OF THIS
QUESTIONNAIRE.*

**C.7. DO YOU WISH TO INSURE
TERMINAL HANDLING EQUIPMENT:**

YES

NO

*IF YES, PLEASE COMPLETE THE
EQUIPMENT QUESTIONNAIRE.*

**C.8. PLEASE PROVIDE DETAILS ON
SECURITY ARRANGEMENTS:**

ACCESS / EXIT CONTROL:

SECURITY GUARDS:

PERIMETER FENCES:

ALARMS:

CLOSE CIRCUIT TV:

OTHER:

C.9. PLEASE ATTACH FULL CLAIMS HISTORY OF PAID AND OUTSTANDING CLAIMS INCL. LEGAL FEES FOR THE PAST 5 YEARS. FIGURES MUST BE SHOWN NET OF DEDUCTIBLE AND MENTION APPLICABLE DEDUCTIBLE FOR EACH YEAR.

NON-MARINE TERMINAL OPERATORS

D.1. PLEASE ADVISE ANNUAL GROSS TURNOVER:

D.2. PLEASE ADVISE WHETHER YOU PROVIDE ANY OF THE FOLLOWING SERVICES:

Check each that apply.

- A) CONTAINER FREIGHT STATION
- B) CONTAINER/TRAILER FREIGHT STATION
- C) INTERMODAL RAIL TERMINAL
- D) CONTAINER/TRAILER DEPOT

D.3. PLEASE INDICATE VOLUMES HANDLED:

Loaded (TEU)

Loaded Reefer

CONTAINERS

(TEU)

Empty (TEU)

RO-RO UNITS

CARS/VEHICLES UNITS

Breakbulk (M/T)

Refrigerated
Breakbulk (M/T)

BULK

Dry Bulk (M/T)

Wet Bulk (M/T)

Please specify:

OTHER

**D.4. PLEASE LIST FIVE MOST
IMPORTANT NON-CONTAINERISED
CARGOES HANDLED AT THE
TERMINAL/DEPOT:**

**D.5. PLEASE ADVISE WHETHER
YOU TRADE UNDER CONTRACTS,
STANDARD TRADING CONDITIONS
OR PORT ACTS WHICH PROVIDE
FOR LIMITED LIABILITY IN
NEGLIGENCE:**

YES

NO

Please provide copy.

no file selected

**D.6. PLEASE ADVISE WHETHER
YOU EMPLOY:**

A) OWN LABOURERS

B) LABOURERS FROM A PORT
LABOUR POOL

C) LABOURERS FROM AN
EMPLOYMENT AGENCY

*PLEASE NOTE THAT YOUR POLICY
DOES NOT COVER YOUR LIABILITY
FOR PERSONAL INJURY TO
EMPLOYEES, INCLUDING
LABOURERS HIRED FROM A PORT
LABOUR POOL OR EMPLOYMENT
AGENCY.*

**D.7. DO YOU OPERATE A
WAREHOUSE?**

YES

NO

*If yes, please complete the
equipment questionnaire.*

**D.9. PLEASE PROVIDE DETAILS ON
SECURITY ARRANGEMENTS:**

**D.10. PLEASE ATTACH FULL
CLAIMS HISTORY OF PAID AND
OUTSTANDING CLAIMS INCL.
LEGAL FEES FOR THE PAST 5
YEARS. FIGURES MUST BE SHOWN
NET OF DEDUCTIBLE AND MENTION
APPLICABLE DEDUCTIBLE FOR
EACH YEAR.**

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E. WAREHOUSE OPERATOR

**E.1. PLEASE ADVISE ANNUAL
GROSS RECEIPTS OUT OF
WAREHOUSING:**

E.2. PLEASE ADVISE ADDRESS OF

EACH WAREHOUSE LOCATION:

E.3. PLEASE DESCRIBE PREMISES:

**A. WHAT IS THE GROUND FLOOR
AREA IN M² ?**

B. HOW MANY STORIES?

**C. TOTAL AREA OF PREMISES
AVAILABLE FOR STORAGE?**

**D. ANY BASEMENT USED FOR
STORAGE?**

YES

NO

**IF YES, IS IT CONNECTED WITH
POLICE STATION AND/OR
SECURITY SERVICE?**

YES

NO

E. DO YOU EMPLOY WATCHMEN

(i) DURING WORKING HOURS?

YES

NO

(ii) 24/24 HRS AND 7/7

DAYS? YES

NO

**F. DO YOU HAVE CLOSED
SECURITY?**

YES

NO

**G. PLEASE LIST ANY OTHER
POSSIBLE KIND OF PREMISES
PROTECTION:**

E.5. PLEASE PROVIDE:

A. MAXIMUM VALUE IN THE
WAREHOUSE AT ANY ONE TIME:

B. AVERAGE VALUE IN THE
WAREHOUSE AT ANY ONE TIME:

**E.6. PLEASE INDICATE WHICH OF
THE FOLLOWING SERVICES YOU
PROVIDE:**

IN-TRANSIT STORAGE
LONG TERM STORAGE
CONSOLIDATION &
DECONSOLIDATION
TEMPERATURE CONTROLLED
STORAGE
CUSTOMS BONDED STORAGE

**E.7. PLEASE INDICATE WHAT
PERCENTAGE OF YOUR
WAREHOUSING IS REPRESENTED
BY THE FOLLOWING CARGOES:**

PERCENTAGE (%)

TEMPERATURE
CONTROLLED
CARGOES

PERISHABLE
CARGOES

DANGEROUS
CARGOES

PHARMACEUTICAL
S

PERSONAL &
HOUSEHOLD
EFFECTS

MOBILE PHONES

BOTTLED SPIRITS

PROCESSED
TOBACCO

COMPUTERS &
COMPUTER PARTS

TV/VIDEO/DVD/RADIO

WORKS OF ART

ANTIQUES

**E.8. PLEASE ADVISE UNDER WHICH
CONTRACT TERMS YOU TRADE.
PLEASE PROVIDE A COPY.**

no file selected

**E.9. PLEASE ADVISE AS A
PERCENTAGE OF YOUR ANNUAL
GROSS RECEIPTS YOU SUB-
CONTRACT:**

LESS THAN 10%
BETWEEN 10% AND 25%
BETWEEN 25% AND 50%
BETWEEN 50% AND 75%
BETWEEN 75% AND 99%
100%

**E.10. WHEN YOU SUB-CONTRACT,
PLEASE ADVISE:**
A. WHETHER YOU CHECK THE SUB-
CONTRACTOR'S INSURANCE
ARRANGEMENTS PRIOR TO USING
HIS SERVICES:

YES
NO

B. WHETHER YOU OBTAIN AN

INSURANCE CERTIFICATE FROM
THE SUB-CONTRACTOR:

YES
NO

**E.11. PLEASE ATTACH FULL
CLAIMS HISTORY OF PAID AND
OUTSTANDING CLAIMS INCL.
LEGAL FEES FOR THE PAST 5
YEARS. FIGURES MUST BE SHOWN
NET OF DEDUCTIBLE AND MENTION
APPLICABLE DEDUCTIBLE FOR
EACH YEAR.**

no file selected

F. CUSTOM CLEARANCE

**F.1. PLEASE ADVISE ANNUAL
GROSS INCOME IN RESPECT OF
CUSTOM CLEARANCE, EXCLUDING
DUTIES AND TAXES PAID BY
CUSTOMERS:**

**F.2. PLEASE ADVISE WHETHER
YOUR COMPANY:**

A)
POSSESSES
THE
NECESSARY
LICENSES
AS
REQUIRED

BY LAW TO
ACT AS A
CUSTOM
AGENT
B) SUB-
CONTRACTS
THE
CUSTOM
CLEARANCE
TO THIRD
PARTIES

F.3. PLEASE INDICATE:

A) WHETHER YOUR COMPANY HAS
A CUSTOMS BOND:

YES

NO

B) WHETHER YOU ARRANGE
CUSTOM CLEARANCE, INCLUDING
ISSUING T-FORMS, FOR
TRANSPORT AND/OR STORAGE OF
SPIRITS AND/OR CIGARETTES:

YES

NO

C) IF THE ANSWER UNDER B IS YES,
PLEASE ADVISE WHICH SECURITY
ARRANGEMENTS YOU MAKE:

D) WHETHER YOU HAVE A SPECIAL
PROCEDURE IN PLACE FOR
CHECKING THE RELIABILITY AND
FINANCIAL STATUS OF YOUR
CUSTOMERS:

YES

NO

IF YES, PLEASE SPECIFY:

**F.4. PLEASE ATTACH FULL CLAIMS
HISTORY OF PAID AND
OUTSTANDING CLAIMS INCL.
LEGAL FEES FOR THE PAST 5
YEARS. FIGURES MUST BE SHOWN
NET OF DEDUCTIBLE AND MENTION
APPLICABLE DEDUCTIBLE FOR
EACH YEAR.**

no file selected