



**APPLICATION FOR TERMINAL OPERATORS LEGAL LIABILITY INSURANCE**

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
Mailing Address (including City, State, Zip):	
Total Projected Total Gross Receipts for Terms: \$	Proposed Effective/Expiration Date:
List of Insured Locations:	
1.	
2.	
3.	
4.	

<b>TERMINAL OPERATOR LIMITS:</b>	
\$	General Aggregate
\$	Products - Completed Operations Aggregate
\$	Personal And Advertising Injury
\$	Each Occurrence
\$	Fire Damage Legal Liability
\$	Medical Expense
\$	Marina Operators P&I

**DEDUCTIBLE:** \$ \_\_\_\_\_

Please advise the gross receipts generated by the following for the past 3 years and estimated for the next policy year.

Operations:	20 _____	20 _____	20 _____	20 _____
Wharf/Docking	\$ _____	\$ _____	\$ _____	\$ _____
Stevedoring	\$ _____	\$ _____	\$ _____	\$ _____
Warehousing	\$ _____	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____	\$ _____
Total Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____

**Wharfingers/Docking Details:**

Provide number of dockings annually by:

Vessels \_\_\_\_\_  
 Barges \_\_\_\_\_  
 Other craft (specify) \_\_\_\_\_

Please advise:

The number of vessels/barges/craft at the terminal at any one time:

Average \_\_\_\_\_ Maximum \_\_\_\_\_

The length of stay of vessels/barges/craft at the terminal:

Average \_\_\_\_\_ Maximum \_\_\_\_\_

The size of vessel/barge/craft capable of being handled by the facility.  
Give tonnage and length:

Average \_\_\_\_\_ Maximum \_\_\_\_\_

Describe how vessels docked and by whom are vessels moved. \_\_\_\_\_

Describe how and who is responsible for securing vessels at the terminal.

Are vessels fleeted or otherwise kept in waiting before or after using the terminal? \_\_\_\_\_ If Yes, please explain:

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

**Stevedoring Details:**

Cargo Type	Estimated Tonnage expiring year	Estimated Tonnage up-coming year	Method of Discharge (Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.)
General Break Bulk: (Describe):			
Machinery/Electronics			
Temperature Controlled Cargo			
Bulk Dry (Describe):			
Coal/Ore/Aggregate			
Scrap Metals/Steel (Describe):			
Heavy Lift (Describe):			
Explosive/Flammable/Toxic (Describe):			
Cargo Type	Estimated Pieces expiring year	Estimated pieces up-coming year	Method of Discharge (Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.)
Automobiles/Vehicles/Construction Equipment			

20' Containerized Cargo			
40' Containerized Cargo			
Tank Containerized Cargo			
Empty Containers			
Cargo Type	Estimated Barrels expiring year	Estimated Barrels up-coming year	Method of Discharge (Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.)
Bulk Liquid Cargo – Chemical (Describe):			
Bulk Liquid Cargo – Vegetable (Describe):			
Bulk Liquid Cargo – Mineral (Describe):			

With respect to liquid commodities, who would be responsible for hooking-up the vessel to shore transfer pipelines? \_\_\_\_\_

At what stage does responsibility for the product handled cease? \_\_\_\_\_

**Warehouseman's Details:**

Is there any cargo stored at the terminal? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Describe all of the storage facilities (other than storage tanks already described), including age, building construction, sprinkler protection, fire department protection, and the type of cargoes stored.

What percentage of cargoes in storage is owned? \_\_\_\_\_%

What is the length of period for which goods are stored?  
Average \_\_\_\_\_ Maximum \_\_\_\_\_

What are the values of the cargoes / goods in storage at any one time?  
Average \_\_\_\_\_ Maximum \_\_\_\_\_

Are tanks dedicated to a single product? Yes \_\_\_\_\_ No \_\_\_\_\_

Are tanks and pipelines independently certified prior to any products being interchanged? If not, explain how contamination is avoided:

What is the acceptable level of shortage, leakage and contamination percentages, and is this written into your contracts?

Do operations include the mixing, blending or stabilizing of products? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details:

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Do you operate any of the following services?

Refrigeration:

Points for containers: Yes \_\_\_\_\_ No \_\_\_\_\_

Cold Storage Facilities: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

A container freight station: Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please give details: \_\_\_\_\_

A container storage/repair depot: Yes \_\_\_\_\_ No \_\_\_\_\_

Stuffing/Unstuffing containers: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

An appointed depot operator for container/trailer leasing companies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

A haulage service (either owned or using sub-contracted haulers): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Please advise the number of employees: \_\_\_\_\_

Please advise the annual payroll for the past 3 years:

2\_\_\_\_: \_\_\_\_\_      2\_\_\_\_: \_\_\_\_\_      2\_\_\_\_: \_\_\_\_\_

And projected for the next 12 months: \_\_\_\_\_

What percentage of your labor force consists of:

Your own full time employees: \_\_\_\_\_ %

Independent companies contracted in: \_\_\_\_\_ %

Local authority / employer's association labor pools: \_\_\_\_\_ %

Enclose a map, chart or diagram showing the physical lay-out of the terminal(s).

Describe in full all adjacent properties: \_\_\_\_\_

Enclose a copy of your operations and safety training manuals, and any brochures describing your operations.

Enclose copies of all your standard terms & conditions / contracts.

Do you have any written contracts with specific clients which contain terms / conditions wider than your standard terms and conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please enclose full copies of all such contracts.

Are there any other activities performed at the terminal other than the handling and storage of cargoes, and not already mentioned?

Please give full details:

\_\_\_\_\_  
\_\_\_\_\_

Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant?

Name of insurance company that presently insures you:

**LOSS EXPERIENCE:**

List all claims (insured or not) during past 5 years on all operations.

**(ATTACH FULL LOSS EXPERIENCE DETAILS)**

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**