



PORT AUTHORITY QUESTIONNAIRE – JANUARY 2004

PORT AUTHORITY QUESTIONNAIRE

1. **NAME & ADDRESS:** Please list the name and address of Port Authority, and enclose your latest annual financial report and port 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 port(s).

3. **TYPE OF PORT:**

Are you a landlord port? Yes ☐ No ☐ or an operational port? Yes ☐ No ☐

If you are both a landlord and operational port, please provide the percentage split based on revenue:- percentage of revenue as a landlord:- ☐

percentage of operational revenue:- ☐

For any **Cargo Handling** operations performed by you please complete the relevant parts of the Terminal Operators /other Operations Questionnaire.

4. **FACILITIES:** Please enter the number of facilities available, if none enter ☒:-

Container terminals	<input type="checkbox"/> Dry Bulk Terminals	<input type="checkbox"/>
Ro-Ro terminals	<input type="checkbox"/> Gas terminals	<input type="checkbox"/>
Container Depots	<input type="checkbox"/> Oil terminals	<input type="checkbox"/>
Warehouses	<input type="checkbox"/> Passenger Terminals	<input type="checkbox"/>
Temperature Controlled Warehouse	<input type="checkbox"/> Dry docks	<input type="checkbox"/>
Breakbulk/General cargo terminals	<input type="checkbox"/> Ship repair	<input type="checkbox"/>
Grain Terminals	<input type="checkbox"/> Yacht marina	<input type="checkbox"/>
Other (please specify):-	<input type="checkbox"/>	

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5a. SERVICES: Services provided by you, please answer "Y" performed by you, "S" performed by your subcontractor and "N" not provided:-

- | | |
|---|--|
| <input type="checkbox"/> Stevedoring; | <input type="checkbox"/> Dredging; |
| <input type="checkbox"/> Marine terminal operator; | <input type="checkbox"/> Tugs; |
| <input type="checkbox"/> Navigational information and aids; | <input type="checkbox"/> Salvage / ship removal; |
| <input type="checkbox"/> Marine traffic control; | <input type="checkbox"/> Bunkering; |
| <input type="checkbox"/> Maintained water depths; | <input type="checkbox"/> Dumpsites / landfill; |
| <input type="checkbox"/> Buoys and lighting; | <input type="checkbox"/> Waste disposal; |
| <input type="checkbox"/> Pilotage; | <input type="checkbox"/> Diving; |
| <input type="checkbox"/> Helicopter landing sites/airport; | <input type="checkbox"/> Advice to other operators; |
| <input type="checkbox"/> Warehousing; | <input type="checkbox"/> Security (e.g. Police); |
| <input type="checkbox"/> Temperature Controlled Warehousing | <input type="checkbox"/> Emergency (e.g. Fire Services); |
| <input type="checkbox"/> Other (please specify); | |

Do you provide any other facilities / services e.g. carparks, shops, oil rig supply facilities etc.? If yes please give details:-

5b. SERVICES - WAREHOUSING

Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerised cargo) either as a landlord or as an operator:

- What is your responsibility for the cargo stored?
 - No Responsibility (if YES, please move on to Question 6) Yes ☐ No ☐
 - Responsibility as a landlord only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes ☐ No ☐
 - Responsibility for care, custody and control of all cargo, but no responsibility for force majeure? Yes ☐ No ☐
 - Responsibility 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 ☐

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6. CONTRACTS/INDEMNITIES

a) Contracts with Customers (for example shipping lines):

Do you have any of the following contracts? And if so, please indicate the extent of Liability for your negligence (please tick ✓ the relevant box):-

Limited
liability
Unlimited
liability
No
liability

Other

		iro negligence	iro negligence		
No contracts?	<input type="checkbox"/>				
Standard contracts?	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Individual user agreements?	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Port tariff/act/bylaws?;	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

If “Other” is ticked, please give details.

b) Other Contracts/Leases/licenses:

Do your leases / licences contain indemnities in your favour? Yes ☐ No ☐

Do these contracts/leases/licenses have indemnities covering your own negligence?
Yes ☐ No ☐



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Have you given any indemnities to an other party under any agreement?

Yes ☐ No ☐

If yes, please give details.

c) Tenants and/or Subcontractors:

Is there a requirement in your Contract with tenants and/or 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 tenants and/or subcontractors maintain and renew their insurance?

Yes ☐ No ☐

Note: *There is a policy requirement that your Tenants and Subcontractors purchase and maintain adequate liability and property insurance, and that you review those policies annually.*

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7. **VOLUMES** - Please advise Cargo throughputs per Policy Year:

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

What is your annual revenue?

<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>

What % of revenue is derived from cargo handling?

<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>

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

	<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>
Up to 5,000 GT			
5,000 to 15,000 GT			
Over 15,000 GT			

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8. **PROPERTY –**

a) Please provide a summary of property values broken down as follows:-

	<u>SUM INSURED US\$</u>
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;

e) Please provide your estimated **Maximum Possible Loss**. USD _____

9. **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 _____

10. **HULL and P & I** - Please **attach a vessel schedule** with Name, Value, Type, Age, GRT, use, and number of crew, plus horse power (for tugs).

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11. BUSINESS INTERRUPTION

a) What is your applicable annual revenue?

<u>LAST YEAR</u>	<u>CURRENT YEAR</u>	<u>NEXT YEAR ESTIMATE</u>

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 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.



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12. **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.

CLAIMS HISTORY - Please **attach** separate Liabilities, Physical Damage and Hull 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 _____



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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.

ASSURED TO NOTE:

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 επιβεβαιώνει 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 *

Όνομα

Θέση της εταιρείας

Ημερομηνία

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