

TERMINAL OPERATOR'S LIABILITY INSURANCE APPLICATION

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "NOT APPLICABLE". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

GENERAL INFORMATION

1. Name of Applicant:	
2. a) Full Address of Terminal(s):	
b) Full Address of Insured(s):	
3. a) Contact Name:	
b) Telephone Number:	
4. Loss history for the past 5 years:	

RECEIPTS

5. The Gross Receipts Generated by The Following for The Past 3 Years and Estimated for The Next Policy Year.

	YR.	YR.	YR.	(EST)
a) Stevedoring Operations	\$	\$	\$	\$
b) Berthing Operations	\$	\$	\$	\$
c) Warehousing Operations	\$	\$	\$	\$
d) Other (Specify)	\$	\$	\$	\$
TOTAL GROSS RECEIPTS	\$	\$	\$	\$

VESSEL(S)

6. What is the number of dockings annually?	a) Vessels		
	b) Barges		
	c) Other Craft (Specify)		
7.		AVERAGE	MAXIMUM
	a) The number of vessels/barges/crafts at the terminal at any one time:	#	#
	b) The length of stay of vessels/barges/craft at the terminal:	Days:	Days:
	c) The size of vessel/barge/craft capable of being handled by the facility. Give tonnage and length:	Tons:	Tons:
LOA:		LOA:	



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VESSEL(S) cont.

a) How are vessels docked?				
8. d) By whom are vessels moved?				
9. How and by whom are vessels secured at the terminal?				
10. Are vessels fleeted or otherwise kept in waiting before or after using the terminal? If yes, please explain:				
11. Are water depths checked and channels dredged on a regular basis, and who is responsible?				
12. 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
13. With respect to liquid commodities, who would be responsible for hooking-up the vessel to shore transfer pipelines?				
14. At what stage does responsibility for the product handled stop?				

EMPLOYEE/LABOR FORCE

15. a) Number of Employees:				
b) Annual wage-roll for the past 3 years and projected for the next 12 months:	YR.	YR.	YR.	Projected
	\$	\$	\$	\$
c) Gross Receipts	\$	\$	\$	\$
d) What percentage of your labor force consists of?				
(i) Your own full-time employees:	%			
(ii) Independent companies contracted in:	%			
(iii) Local authority/employer's association labor pools:	%			
Are you responsible for the acts of categories 16(c)(ii) & (iii) above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>If "NO", please give details:</i>				



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CARGO

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

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



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STORAGE

17. a) Is there any cargo stored at the terminal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If "YES", describe all of the storage facilities (other than storage tanks already described), and the type of cargo stored:</i>		
b) What percentage of the cargo in store is owned?	%	
c) What is the length of period for which goods are stored?	AVERAGE	MAXIMUM
d) What are the values of the cargo / goods in storage at any one time?	\$	
e) Are tanks dedicated to a single product?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Are tanks and pipelines independently certified prior to any product being interchanged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If not, explain how contamination is avoided:</i>		
g) What is the acceptable level of shortage, leakage and contamination percentages, and is this written into your contracts?		
h) Do operations include the mixing, blending, or stabilizing of products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If "YES", please give details:</i>		
i) What type of construction is the storage building(s)?		
j) Is there security at the storage building? If yes, please describe		



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SERVICES

18. Do you operate or provide any of the following services?	
a) Refrigeration:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Points for containers:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Cold storage facilities:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES", please give details:</i>	
b) A container freight station:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES", please give details:</i>	
c) A container storage / repair depot:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Stuffing / unstuffing containers:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES", please give details:</i>	
d) An appointed depot operator for container / trailer leasing companies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES", please give details:</i>	
e) A haulage service (either owned or using sub-contracted haulers):	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES", please give details:</i>	
19. a) Attach a map, chart or diagram showing the physical lay-out of the terminal(s).	
b) Describe in full all adjacent properties:	
20. Attach a copy of your operations and safety training manuals, and any brochures describing your operations.	
21. During the previous 5 years has the coverage being requested ever been written on a "Claims-Made" basis, or with a discovery period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES", please give details:</i>	



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SERVICES cont.

22. Are there any other activities performed at the terminal other than the handling and storage of cargo, and not already mentioned? <i>If "YES", please give full details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. What security or other protections are there at this location?	

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: _____



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