

Port authority questionnaire

This application is to attach to marine general liability application

Port structure:	
Name and full location of each facility:	(Check \Box if schedule attached):
1.	
2.	
3.	
4.	
5.	

Facilities:

a. **Facility Details:** For each type of Marine Facility operating with in Port; check if stevedoring is performed by applicant, provide number of terminals/berths/facilities within the port operated by applicant and leased to others, estimated gross revenue for the term applying and throughput and units of each type. (Check \Box all relevant)

Marine facilities type	Stevedo	oing	Number of terminals		Est. gross revenue	Throughput/unit type
Container	(By applicar	nt)	Operated	Landlord (leased)		
Ro-Ro	Yes	No				
Fruit	Yes	No				
General cargo	Yes	No				
Dry Bulk	Yes	No				
Oil and gas	Yes	No				
Other wet bulk	Yes	No				
Cruise/	Yes	No				
passengers						
Passenger ferry	Yes	No				
Live stick	Yes	No				
Yacht Marina	Yes	No				

Ship repair/	Yes	No		
Dry dock				
Other	Yes	No		

b. Services Performed: Check Yes if the service is performed by you.

	Y N		Y N
Marine terminal operator		Tugs	
Warehousing (Including Temperature Control Warehousing) Fill out section below		Salvage / ship removal Bunkering	
Marine traffic control		Dumpsites / landfill	
Maintained water depths		Waste disposal	
Buoys and lighting		Diving	
Pilotage		Advice to other operators	
Helicopter landing sites/airport		Security (i.e. police)	
Navigational information and aids		Emergency (i.e. fire services)	
Temperature control		Cassis repair	
Dredging		Other (specify)	
Tank cleaning			

c. **Warehousing**: Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerized cargo):

What is your responsibility for the cargo stored?

Please provide estimated maximum value of goods stored at any one time:		
Do all warehouses have sprinklers and fire detection systems	Yes	No
Is there a fire main throughout the site?	Yes	No
Is there an emergency fire pump or suitable reserve power supply to ensure there all times?	is firefighting Yes	water at No
Do you provide public storage or warehousing: If yes, what are the terms and conditions of the warehouse agreement?	Yes	No
(Check 🗆 if attached)		

Do you provide warehouse or storage out of your area? Yes No If yes, give full details of the location:

Give total operating capacity (%) of the storage facility:	Under 50%	50-75%	Greater than 75%
--	-----------	--------	------------------

d. Railroads/other

How many miles of railroads are owned by the port?

How many miles of railroads are operated by the port?

How many miles of railroads are maintained by the port?

Attach a copy of the hold harmless agreement with this application

Contracts/ indemnification

a. Do you have any of the following contracts with your customer(s)? And if so, please indicate the extent of any liability for your negligence (please tick the relevant box):

Limited	Unlimited	None	Other	Extent of any liability or details
Standard co	ontracts			
Individual u agreements				
Port tariff/a	ct/bylaws			
Other				
Other				

Have you indemnified another person for his negligence under any agreement? (If yes, provide details)

Have you waived rights of recourse agai	nst another person	? (If yes, provide details)	
Do the indemnities indemnify you agains	t your own negliger	nce? Yes	No
Describe the Port's responsible, if any, for	or the Removal of N	on-Owned Vessel that Sin	ks or is Wrecked.
Describe Port's exposure and estimate of Wrongful Delivery of cargo:	lollar risk for Misdire	ection of cargo, delay in ha	ndling cargo and
How are your Cargo handling workers employed?	Directly by you	From a port labor pool	Independent comapny

Safety/security/external: TRA

b. Give brief summary of each or attach details if necessary.

Your risk control management:

Pollution control/environmental impairment control:

Property equipment maintenance and staff training programs:

Describe the nature of any fire protection available at the facility, including distances to municipal, county, or other fire department stations as well as distances to public fire hydrants. Indicate A.I.A. fire protections ration for the area:

Describe security at facility: (Tick all the apply)			24-hour watchman		Fully fenced	Flood lights
			Closed-circuit TV/Video surveillance		Continual documentation checks	Other:
Does applicant have a formal safety program in effect			t Yes	No	If yes, please descri	be or attach
Does applicant have a formal salet	ly piogra		100		,	
Schedule of attachments	ly progra		. 100		,,	
	Y	N			Comments	
Schedule of attachments	Y					
Schedule of attachments Items	Y					

Hold harmless agreement	
Other:	
Other:	

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the applicant to accept the insurance nor oblige the insurer to effect insurance on the risk

Producers signature:	Applicant signature	
----------------------	---------------------	--