

# Specific Information

## Cargo Handling Facilities

[www.ttclub.com](http://www.ttclub.com)

*This questionnaire may be completed by your broker. If you have insufficient space to answer any questions, please attach a separate sheet.*

*Failure to give complete answers may cause delay.*

**Name of Operator** \_\_\_\_\_

### Facilities

Marine Facilities	How Many Terminals?	Do you act as Stevedore?
Container		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ro-Ro		<input type="checkbox"/> Yes <input type="checkbox"/> No
Car		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fruit		<input type="checkbox"/> Yes <input type="checkbox"/> No
General Cargo		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry Bulk		<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil and Gas		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Wet Bulk		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cruise/Passenger		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger Ferry		<input type="checkbox"/> Yes <input type="checkbox"/> No
Livestock		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Other Facilities (Please enter number)

	Within Terminal	Outside Terminal	Total
ICD/Container Freight Station			
Intermodal Rail Depot			
Container(trailer) storage/repair depot			
Warehouse/Distribution			
Temperature Controlled Warehouse			
Air Freight Consolidation Depot/Warehouse			

transport insurance plus

**Additional Services Provided**

- Local Collection and Delivery  Yes  No
- Long Distance Haulage  Yes  No
- Leasing Company Depot  Yes  No
- Chassis Pool  Yes  No
- Consultancy  Yes  No
- Freight Forwarding  Yes  No *(If Yes, please complete separate questionnaire)*
- Ships Agency  Yes  No *(If Yes, please complete separate questionnaire)*
- Tank Container Cleaning  Yes  No *(If Yes, please see Tank Container Cleaning under Waste Disposal)*
- Lighterage  Yes  No
- Special Distribution Services  Yes  No
- Car Preparation  Yes  No
- Special Services *(Please specify)*  Yes  No

**Waste Disposal**
*Ships Garbage*

 Do you dispose of ships garbage?  Yes  No

If Yes, please indicate disposal method

- Specialist sub-contractor   
  Municipal Collection   
  Own Disposal   
  Port Authority Disposal   
  Other *(Please specify)*

*Own Disposal*

Please indicate method used

- Incinerator   
  Landfill   
  Other *(Please specify)*

 Do you do any other waste disposal?  Yes  No *(If Yes, please specify)*
*Tank Container Cleaning*

 Do you undertake tank container cleaning or testing?  Yes  No

 If Yes, please indicate method of waste disposal  Specialist sub-contractor  Other *(Please specify)*
**Location(s) of Operations**

Please specify locations to be insured and attach details of general fire and security precautions and construction of warehouses

Name of Location	City/Port	Type of Facility	Owned/Leased/Common*	Warehousing Square Metres

*Please continue on a separate sheet if necessary*
*\* Are these premises owned, leased or used on a common basis?*

**Labour**

Are your cargo handling workers

- employed directly by you  
 hired from a port labour pool  
 employed by an independent company  
 employed by a port authority

**Contracts with Customers**

Please tick as appropriate

- None  
 Standard contracts  
 Individual user agreements  
 Port tariff/act/by-laws  
 Other (please specify)

Are your trading liabilities under these contracts

- Limited liability in negligence  
 No liability  
 Unlimited liability in negligence  
 Other (please specify)

**Other Contracts**

 Have you indemnified another person for his negligence under any agreement (eg for hire of equipment, land)?  
 (If Yes, please give separate details)

 Yes  No

 Have you waived rights of recourse against another person?  
 (If Yes, please give separate details)

 Yes  No

**Volumes**

Please give projected volume for the current year and next year. Count one trailer as two TEUs.

	Current Year	Next Year
Loaded TEUs		
Empty TEUs		
Refrigerated/Tank TEUs		
Total TEUs		
Breakbulk Tonnes		
Refrigerated Breakbulk Tonnes		
Wet Bulk Tonnes		
Dry Bulk Tonnes		
Cars (No)		
Livestock (Head)		
Passengers (Head)		
Air Freight (Kgs)		
Other (Please specify)		

**transport insurance plus**

**Equipment**

If you require cover for your equipment, please provide the aggregate value for the current year and next year, and attach a schedule showing against each item, value, age and whether it is owned or leased. If hired on a daily basis (eg port cranes), also give the annual number of days used. Include an allowance for equipment occasionally hired in or borrowed for which you have responsibility.

Aggregate Value	Current Year	<input type="text"/>
	Next Year	<input type="text"/>

**Business Interruption**

If you require cover for this risk, please complete the Business Interruption questionnaire

**Additional Information**

*Please set out below any other information relevant to the insurance of your business.*

It would assist us if you would forward with this questionnaire your company's latest annual report and accounts, plus any company brochures or literature describing your services.

**Declaration**

I hereby confirm that the information given above and in all attached sheets is true and correct.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Date** \_\_\_\_\_