

Specific Information

Cargo Handling Facilities

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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			

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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?

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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)		

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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 _____

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