

Specific Information

Port Authorities

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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 _____

Ports

Please state the name(s) of the port(s) under your control:

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How many of these are

Behind Locks

Tidal (Large Range)

Tidal (Small Range)

Tidal (Ships Aground)

Facilities

Marine Facilities	Stevedoring	How Many Terminals		Total
		Operated by you	Leased to others	
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			
Yacht Marina	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ship Repair/Dry Dock	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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Other Facilities <i>(Please enter number)</i>	Within Terminal	Outside Terminal	Total
Warehouse (dry)			
Warehouses (temp control)			
ICD/Container Freight Station			
Intermodal Rail Depot			
Storage/Repair Depot			
Air Freight Depot			

Please attach details of general fire and security precautions and construction of warehouses.

Other Activities

Please indicate those activities you perform

Industrial Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shops and Restaurants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helicopter Landing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airport Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Activities <i>(Please specify)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Services

Please indicate those activities you provide

Navigation/Maritime Traffic Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Landfill	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buoys/Lights Provision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dump Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
River Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local Delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Leasing Company Depot	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bunkers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chassis Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Freight Forwarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ship's Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dredging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tank Container Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pilotage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Distribution Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Car Preparation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Port Ferry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Salvage/Wreck Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ligherage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consultancy*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Services <i>(Please specify)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*Describe nature of service		

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Container Yard Operators

Are these operations carried out by

- Rail-Mounted Transtainers
 Tyre-Mounted Transtainers
 Straddle Carriers
 All-Wheel

Storage or Leasing Depot Operators

Please indicate the average number of units in storage at any one time

Dry Containers	
Tank Containers	
Refrigerated Containers	

Passenger Ferries

Do you operate ferries yourself?

-
- Yes
-
- No

If Yes, do you have P&I cover for passengers?

- On board Yes No
 In the terminal 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*
-)

Do you dispose of waste for non-port interests?

-
- 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*)

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Port/Tonnage Revenue

For each port under your control, please provide the following information for the current year and the percentage change anticipated for the next 12 months (Continue on a separate sheet if necessary).

Name of Port <i>(please enter)</i>				
Loaded TEUs				
Refrigerated/Tank TEUs				
Total TEUs				
Breakbulk Tonnes				
Refrigerated Breakbulk Tonnes				
Wet Bulk Tonnes				
Dry Bulk Tonnes				
Total Tonnes				
Cars (No)				
Livestock (Head)				
Air Freight (Kgs)				
Consultancy Revenue				
Other (please specify)				
Gross Revenue				
Next Year % Change Expected		%	%	%

Labour

Are your cargo handling workers

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

Contracts with Users/Leases/Licences

Please tick as appropriate

- None
 Standard contracts
 Individual user agreements
 Port tariff/act/by-laws
 Leases
 Licences
 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 any third party in any other contract? Yes No *(If Yes, please specify)*

Including indemnities for third party's own negligence? Yes No *(If Yes, 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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