

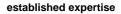
## **Specific Information**

www.ttclub.com Port Authorities

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:						
How many of these are		Pohind Looks				
now many or these are		Behind Locks				
		Tidal (Large Range)				
		Tidal (Small Range)				
		Tidal (Ships Aground)				
Facilities						
Marine Facilities	Stevedoring	How Many Termina	Total			
		Operated by you	Leased to others			
Container	☐ Yes ☐ No					
Ro-Ro	Yes No					
Car	☐ Yes ☐ No					
Fruit	☐ Yes ☐ No					
General Cargo	☐ Yes ☐ No					
Dry Bulk	☐ Yes ☐ No					
Oil and Gas	☐ Yes ☐ No					
Other Wet Bulk	☐ Yes ☐ No					
Cruise/Passenger	☐ Yes ☐ No					
Passenger Ferry	☐ Yes ☐ No					
Livestock	☐ Yes ☐ No					
Yacht Marina	☐ Yes ☐ No					
Ship Repair/Dry Dock	☐ Yes ☐ No					





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Other Facilities (Please enter number 1997)	mber)	Within To	erminal	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 fin	re and sec	curity pred	cautions and	construction of ware	houses.	
Other Activities Please indicate those activities yo	u perform					
Industrial Development			☐ Yes [	□ No		
Office Development			☐ Yes [	□ No		
Shops and Restaurants			☐ Yes [	□ No		
Car Park			☐ Yes [	□ No		
Helicopter Landing			☐ Yes [	□ No		
Airport Authority			☐ Yes [	□ No		
Other Activities (Please specify)			☐ Yes [	□ No		
Other Services Please indicate those activities yo	u provide					
Navigation/Maritime Traffic Control	☐ Yes	□No	Landfill		☐ Yes	□No
Buoys/Lights Provision	☐ Yes	☐ No	Dump Sites	;	☐ Yes	☐ No
River Authority	☐ Yes	☐ No	Local Deliv	ery	☐ Yes	☐ No
Diving	☐ Yes	☐ No	Leasing Co	mpany Depot	☐ Yes	☐ No
Bunkers	☐ Yes	☐ No	Chassis Po	ol	☐ Yes	☐ No
Security	☐ Yes	☐ No	Freight For	warding	☐ Yes	☐ No
Emergency Services	☐ Yes	☐ No	Ship's Ager	псу	☐ Yes	☐ No
Dredging	☐ Yes	☐ No	Tank Conta	iner Cleaning	☐ Yes	☐ No
Pilotage	☐ Yes	☐ No	Distribution	Services	☐ Yes	☐ No
Tugs	☐ Yes	☐ No	Car Prepara	ation	☐ Yes	☐ No
Port Ferry	☐ Yes	□No	Salvage/W	reck Removal	☐ Yes	☐ No
Lighterage	☐ Yes	□No	Consultanc	y*	☐ Yes	☐ No
Other Services (Please specify)	☐ Yes	☐ No	*Describe r	nature of service		





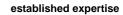
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Container Yard Ope	erators						
Are these operations carried out by			Rail-Mounted Transtainers				
			☐ Tyre-Mount	ed Transt	ainers		
			Straddle Ca	arriers			
			All-Wheel				
Storage or Leasing	Depot Operators						
Please indicate the a	average number of uni	its in storage at	Dry Containers				
any one time			Tank Containers				
			Refrigerated	Containe	rs		
			3				
Passenger Ferries							
Do you operate ferrie	es yourself?			☐ Yes	□ No		
If Yes, do you have l	P&I cover for passeng	ers?	On board	☐ Yes	□ No		
			In the terminal	☐ Yes	□ No		
Waste Disposal Ships Garbage							
Do you dispose of sh	nips garbage?		☐ Yes [	□No			
If Yes, please indica	te disposal method						
Specialist sub- contractor	☐ Municipal Collection	Own Dispos	sal 🗌 Port A Dispos	uthority sal	Other (Please specify)		
Own Disposal Please indicate meth	nod used						
Incinerator	Landfill	Other (Plea	se specify)				
Do you do any other waste disposal?		☐ Yes ☐ No (If Yes, please specify)					
Do you dispose of w interests?	aste for non-port	☐ Yes ☐ No	o (If Yes, please	specify)			
Tank Container Clea	aning						
Do you undertake tank container cleaning or testing?			☐ Yes [	□No			
If Yes, please indicate method of waste disposal			☐ Specia contra	llist sub- ctor	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	Э
percentage change anticipated for the next 12 months (Continue on a separate sheet if no	ecessary)	

Name of Port (please enter)		•				- ,
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		☐ hir	nployed directed from a polenployed by ar		comp	pany
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)						
re your trading liabilities under these contracts  Limited liability in negligence  Unlimited liability in negligence  Other (please specify)						
Other Contracts Have you indemnified any third party in a	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	-		r ⊡ Yes	☐ No (If Yes,	-	
including indeminites for third party 5 DWH						

established expertise



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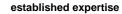
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## **Equipment**

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.

		Cur	rent Year		
Aggregate \	alue	١	lext Year		
Business Ir If you requir		ease complete the Business In	erruption questionnaire		
Additional   Please set o		ormation relevant to the insura	nce of your business.		
It would ass	st us if you would forw	vard with this questionnaire you	r company's latest annual rer	oort and	
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.					
<b>Declaration</b> I hereby cor	firm that the information	on given above and in all attach	ned sheets is true and correct		
Signature					
Name					
Position					
Date					





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