

**ADDENDUM 3 TO MARINE GENERAL LIABILITY APPLICATION FORM -
TERMINAL OPERATOR'S LIABILITY APPLICATION SUPPLEMENT**

APPLICANT DETAILS

Full Address of Terminal (including Zip code) **if different to that stated at the beginning of Application**

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Contact name and telephone number at above location

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OPERATIONAL DETAILS

1. Please advise gross receipts generated by the following for the past three years and projected for next 12 month policy period

		Yr 201__	Yr 201__	Yr 201__	Est Yr 201__
(a)	Stevedoring operations				
(b)	Berthing operations				
(c)	Warehousing operations				
(d)	Other (Specify)				
(e)	Total Gross Receipts				

2. Please complete the following:

	No. of vessels docking annually	No. of vessels at terminal any one time		Length of stay at terminal (in days)		Size of Vessel capable of being handled by facility			
		AVERAGE	MAXIMUM	AVERAGE	MAXIMUM	AVERAGE TONNAGE	AVERAGE LENGTH	MAX. TONNAGE	MAX. LENGTH
Vessels									
Barges									
Other Craft (Specify)									



1. How are vessels docked and by whom are vessels moved?

2. How and by whom are vessels secured at the terminal?

3. Are vessels fleeted or otherwise kept in waiting before or after using the terminal? Yes No
IF 'Yes' please provide explanation

4. Are water depths checked and channels dredged on a regular basis and who is responsible for these operations?

5. For all Bulk Liquids, please state below the annual throughput in barrels and projected throughput for the next 12 month policy period

	Yr 201...	Yr 201...	Yr 201....	Est. Yr 201...
No. of barrels	_____	_____	_____	_____

6. For liquid commodities, who would be responsible for hooking-up the vessel to shore transfer pipelines and at what stage does responsibility for the product handled stop?



3. Please complete the following **IF MORE SPACE IS REQUIRED TO ANSWER THIS QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET**

***E.G. CRANE, CONTAINER CRANE, VACUUM, CONVEYOR BELT, RO-RO, GRAB, SLINGS, ETC**

	TYPE OF CARGO	TONNAGE HANDLED IN LAST 12 MONTHS	TONNAGE ESTIMATED FOR NEXT 12 MONTHS	*METHOD OF LOADING OR DISCHARGE.
(a)	GENERAL BREAK-BULK			
DESCRIBE MAIN TYPES OF CARGO:				
(b)	MACHINERY/ELECTRONICS			
DESCRIBE DIFFERENT TYPES AND STATE MAXIMUM VALUE PER ITEM:				
(c)	REFRIGERATED/CHILLED CARGOES			
(d)	BULK GRAIN			
(e)	COAL/BULK ORES			
DESCRIBE DIFFERENT TYPES OF ORE:				
(f)	SCRAP METALS/STEEL			
(g)	HEAVY LIFT CARGOES			
DESCRIBE TYPE OF HEAVY LIFT CARGOES:				
(h)	EXPLOSIVE, FLAMMABLE AND TOXIC CARGOES			
(i)	AUTOMOBILES/VEHICLES (NO. OF ITEMS)			
(j)	CONTAINERISED CARGOES (NO. OF ITEMS)			
	(i) 20 FOOT CONTAINERS			
	(ii) 40 FOOT CONTAINERS			
	(iii) OTHER SIZES (SPECIFY)			
(k)	EMPTY CONTAINERS (NO. OF ITEMS)			

(I)	LIQUID COMMODITIES			
	(i) BULK MINERAL OILS			
DESCRIBE TYPE:				
	(ii) BULK VEGETABLE OILS			
DESCRIBE TYPE:				
	(iii) LIQUID CHEMICALS			
DESCRIBE TYPE:				

4. Please state the following as a percentage of total labour force

a) Applicant's own Full Time Employees	_____ %
b) Independent contracted in companies	_____ %
c) Local authority/ employer's association labour pools	_____ %

Please give details of the Applicant's responsibility for the actions of b) and c). If not responsible, please provide an explanation as to why

STORAGE OPERATIONS

1. Is there any cargo stored at the terminal? Yes No
- If 'yes' please describe below all of the storage facilities (other than storage tanks already described) and the types of cargo stored and complete the Storage Operations section**
- If 'no' please proceed to Other Services section**



2. What percentage of the cargoes in store is owned by the Applicant? _____%

3. In respect of all cargoes stored, please complete the following

Length of time for which goods are stored (days)		Values of cargo/ goods in store at any one time	
AVERAGE	MAXIMUM	AVERAGE	MAXIMUM

4. Are tanks dedicated to a single product? Yes No

5. Are tanks and pipelines independently certified prior to any product being interchanged? Yes No

If 'no' please explain how contamination is avoided

6. What is the acceptable level of shortage, leakage and contamination percentages and is this written into the Applicant's contracts?

7. Do operations include the mixing, blending or stabilizing of products? Yes No

If 'yes' please provide full details below

OTHER SERVICES (IF YES TO ANY OF THE FOLLOWING, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET)

- | | | |
|---|-------------------------------------|--------------------------|
| 8. Do you operate or provide any of the following services? | Yes | No |
| Refrigeration | <input type="checkbox"/> | <input type="checkbox"/> |
| Points for containers: | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold storage facilities: | <input type="checkbox"/> | <input type="checkbox"/> |
| Container freight station: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Container storage/ repair depot: | <input type="checkbox"/> | <input type="checkbox"/> |
| Stuffing/ unstuffing containers: | <input type="checkbox"/> | <input type="checkbox"/> |
| Appointed depot operator for container/ trailer leasing companies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Haulage Service either owned or using sub-contracted hauliers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



MISCELLANEOUS

1. Please enclose a map, chart or diagram showing the physical lay-out of the terminal(s)
2. Please provide a full description of all properties adjacent to the terminal(s)

3. Please enclose copy of your operations and safety training manuals and any brochures describing your operations
4. During the previous 5 years has the coverage being requested ever been written on a "claims made " basis or with a discovery period?
Yes No
If 'yes' please provide full details below

5. Are there any other activities performed at the terminal other than the handling and storage of cargoes not previously mentioned in this application? If so, please provide full details below

THIS COMPLETES THE TERMINAL OPERATOR'S ADDENDUM
PLEASE GO TO THE DECLARATION PAGE

