

**ADDENDUM 4 TO MARINE GENERAL LIABILITY APPLICATION FORM -
WHARFINGER'S LIABILITY APPLICATION SUPPLEMENT**

APPLICANT DETAILS

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

OPERATIONAL DETAILS

1. Please complete the following:

Type of vessels using the facility (Please specify below)	Estimated number of specified vessels docking during the next 12 months	Number of vessels at facility at any one time		Length of stay of vessels at facility (in days)		Size of Vessel capable of being handled by facility			
		AVERAGE	MAXIMUM	AVERAGE	MAXIMUM	AVERAGE TONNAGE	AVERAGE LENGTH	MAX. TONNAGE	MAX. LENGTH

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

3. How and by whom are vessels secured at the facility?



4. Are vessels fleeted or otherwise kept in waiting before or after using the facility? Yes No
IF 'Yes' please provide full details

5. Are stevedoring operations performed at the terminal? Yes No
IF 'Yes' please provide full details

6. Does the Applicant have responsibility for cargo-handling operations? Yes No
IF 'Yes' please provide full details

7. Is there any cargo stored on the premises? Yes No
If 'yes' please describe below all of the storage facilities (other than storage tanks already described) ,the types of cargo stored and the total value of cargo stored at any one time

8. Please use the space below to advise of any further information/ remarks that maybe relevant to this application .

THIS COMPLETES THE WHARFINGERS ADDENDUM
PLEASE GO TO DECLARATION PAGE

