



TERMINAL OPERATOR'S LEGAL LIABILITY APPLICATION

Named Insured: _____

Contact Person for Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____ Limit Required: _____ Deductible Required: _____

ACCOUNT DETAILS

Full Address of Terminal(s): _____

Gross Receipts Generated by the Following for the Past 3 Years and Estimated for the Next Policy Year

Type of Operation	Year	Year	Year	Estimated
Stevedoring Operations				
Berthing Operations				
Warehousing Operations				
Other (identify)				
Total Gross Receipts				

What is the Number of Dockings Annually?

Vessels: _____ Barges: _____ Other Craft (Specify): _____

Number of Vessels/Barges/Craft at the Terminal at any One Time: Average: _____ Maximum: _____

Length of Stay of Vessels/Barges/Craft at the Terminal: Average: _____ Maximum: _____

Size of Vessel/Barge/Craft Capable of Being Handled by the Facility? Give Tonnage and Length:

Average: _____ Maximum: _____

How are Vessels Docked and by Whom are Vessels Moved? _____

How and by Whom are Vessels Secured at the Terminal? _____

Are Vessels Fleeted or Otherwise Kept in Waiting Before or After Using the Terminal? Yes No

If Yes, Please Explain: _____

Are Water Depths Checked and Channels Dredged on a Regular Basis, and Who is Responsible? _____

Annual Throughput of all Bulk Liquids in Barrels for the Past 3 Years and Projection for the Next 12 Months:

Year/Barrels: _____ Year/Barrels: _____ Year/Barrels: _____

12 Month Projection: _____

With Respect to Liquid Commodities, Who Would be Responsible for Hooking Up the Vessel to Shore Transfer Pipelines?

At What Stage Does Responsibility for the Product Handled Stop? _____

Type of Cargo	Tonnage Handled in the Last 12 Months	Tonnage Estimated for Next 12 Months	Method of Loading or Discharge*
General Break-Bulk			
Describe Main Types of General Break-Bulk Cargo:			
Machinery/Electronics			
Describe Different Types of Machinery/Electronics and State Maximum Value Per Item:			
Refrigerated/Chilled Cargoes			
Bulk Grain			
Coal/Bulk Ores			
Describe Different Types of Ore:			
Scrap Metals/Steel			
Heavy Lift Cargoes			
Describe Type of Heavy Lift Cargoes:			
Explosive, Flammable and Toxic Cargoes			
Automobiles/Vehicles (No. of Items)			
Containerised Cargoes (No. of Items)			
20 Foot Containers			
40 Foot Containers			
Other Sizes (Specify)			
Empty Containers (No. of Items)			
Liquid Commodities			
Bulk Mineral Oils			
Describe Type of Bulk Mineral Oils:			
Bulk Vegetable Oils			
Describe Type of Bulk Vegetable Oil:			
Liquid Chemicals			
Describe Type of Liquid Chemicals:			

* E.G. Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.

Number of Employees: _____

Annual Payroll for the Past 3 Years:

Year/Payroll: _____ Year/Payroll: _____ Year/Payroll: _____

Projected Payroll for the Next 12 Months: _____

What Percentage of Your Labor Force Consists of:

Your Own Full Time Employees: _____ %

Independent Companies Contracted in: _____ %

Leased Labor or Temporary Staffing Pools: _____ %

Are You Responsible for the Acts of Independent Companies and Leased Labor or Temporary Staffing Pools? Yes No

If No, Please Explain: _____

Is There Any Cargo Stored at the Terminal? Yes No

If Yes, Describe All of the Storage Facilities (Other Than Storage Tanks Already Described) and the Types of Cargoes Stored:

What Percentage of the Cargoes in Store is Owned? _____ %

What is the Length of Period for Which Goods are Stored? Average: _____ Maximum: _____

What are the Values of the Cargoes/Goods in Storage at any One Time? Average: _____ Maximum: _____

Are Tanks Dedicated to a Single Product? Yes No

Are Tanks and Pipelines Independently Certified Prior to any Product being Interchanged? Yes No

If No, Explain How Contamination is Avoided: _____

What is the Acceptable Level of the following and is it Written into Your Contracts:

Shortage: _____ % Yes No Leakage: _____ % Yes No Contamination: _____ % Yes No

Do Operations Include Mixing, Blending or Stabilizing of Products? Yes No

If Yes, Please Explain: _____

Do You Operate or Provide any of the Following Services?

Refrigeration? Yes No

Points for Containers? Yes No Cold Storage Facilities? Yes No

If Yes, Please Explain: _____

Container Freight Station? Yes No

If Yes, Please Explain: _____

Container Storage/Repair Depot? Yes No Stuffing/Unstuffing Containers? Yes No

If Yes, Please Explain: _____

Appointed Depot Operator for Container/Trailer Leasing Companies? Yes No

If Yes, Please Explain: _____

Haulage Service (Either Owned or Subcontracted Haulers)? Yes No

If Yes, Please Explain: _____

Enclose a Map, Chart or Diagram Showing the Physical Lay Out of the Terminal(s).

Describe in Full All Adjacent Properties: _____

Enclose a Copy of Your Operations and Safety Training Manuals and any Brochures Describing Your Operations.

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 Explain: _____

Are There Any Other Activities Performed at the Terminal Other Than the Handling and Storage of Cargoes and Not Already Mentioned? Yes No

If Yes, Please Explain: _____

PREMIUM AND LOSS HISTORY

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has Any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, With What Company and on What Terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



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