



Marine

Port Authority Questionnaire



Name and address

Name of Port Authority	
Address line one	
Address line two	
City and postcode	
Website address	

Please enclose your latest annual financial report and port handbook

Location(s)

Location one address line one	
Location one address line two	
City and postcode	
Website address	
Latitude	
Longitude	
Location two address line one	
Location two address line two	
City and postcode	
Website address	
Latitude	
Longitude	

Please attach a map showing the outline and boundaries of the port(s)

Type of Port

Are you a landlord port? Yes No

or an operational port? Yes No

If you are both a landlord and operation port, please provide the percentage split based on revenue	Percentage of revenue as a landlord	<input type="text"/>	%	Percentage of operational revenue	<input type="text"/>	%

For any **Cargo Handling** operations performed by you please complete the relevant parts of the Terminal Operators/other Operations Questionnaire.



Facilities

Please enter the number of facilities available, if none enter ?

Container terminals	<input type="text"/>	Dry bulk terminals	<input type="text"/>
Ro-Ro terminals	<input type="text"/>	Gas terminals	<input type="text"/>
Container depots	<input type="text"/>	Oil terminals	<input type="text"/>
Warehouses	<input type="text"/>	Passenger terminals	<input type="text"/>
Temperature controlled warehouse	<input type="text"/>	Dry docks	<input type="text"/>
Break bulk/General cargo terminals	<input type="text"/>	Ship repair	<input type="text"/>
Grain terminals	<input type="text"/>	Yacht marina	<input type="text"/>
Other (please specify)	<input type="text"/>		

Services

Services provided by you

Please enter **Y = Yes, performed by you**
S = Performed by your sub-contractor
N = Not provided

- | | |
|---|---|
| <input type="checkbox"/> Stevedoring | <input type="checkbox"/> Dredging |
| <input type="checkbox"/> Marine terminal operator | <input type="checkbox"/> Tugs |
| <input type="checkbox"/> Navigational information and aids | <input type="checkbox"/> Salvage/ship removal |
| <input type="checkbox"/> Marine traffic control | <input type="checkbox"/> Bunkering |
| <input type="checkbox"/> Maintained water depths | <input type="checkbox"/> Dumpsites/landfill |
| <input type="checkbox"/> Buoys and lighting | <input type="checkbox"/> Waste disposal |
| <input type="checkbox"/> Pilotage | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Helicopter landing sites/airport | <input type="checkbox"/> Advice to other operators |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Security (eg Police) |
| <input type="checkbox"/> Temperature controlled warehousing | <input type="checkbox"/> Emergency (eg Fire Services) |

Any other services provided? Yes No

If Yes, please specify which

Services - Warehousing

Only answer this part if you provide warehousing or storage of any cargo (other than containerized cargo) either as a landlord or as an operator

What is your responsibility for the cargo stored?

No responsibility (if Yes, please move on to Contracts/ Indemnities section) Yes No

Responsibility as a landlord only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes Yes



Responsibility for care, custody and control of all cargo, but no responsibility for force majeure? Yes No

Responsibility for care, custody and control of all cargo, including responsibility for force majeure? Yes No

Please provide estimated maximum value of goods stored at any one time

What percentage of your total revenue is generated by warehouse operations? %

Do all warehouses have sprinklers and fire detection systems? Yes No

If No, please attach details of your fire detection measures

Is there a fire main throughout the site? Yes No

Is there an emergency fire pump or suitable reserve power supply to ensure there is fire fighting water at all times? Yes No

Contracts/Indemnities

Contracts with customers (for example shipping lines)

Do you have any of the following contracts? And if so, please indicate the extent of liability for your negligence (please tick the relevant box)

	Limited liability iro negligence	Unlimited liability iro negligence	No liability	Other
No contracts <input type="checkbox"/>				
Standard contracts <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual user agreements <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Port tariff/act/bylaws <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Other' is ticked, please give details

Other Contracts/Leases/Licences

Do your leases/licences contain indemnities in your favour? Yes No

Do these contracts/leases/licenses have indemnities covering your own negligence? Yes No

Have you given any indemnities to another party under any agreement? Yes No

If Yes, please give details



Tenants and/or Subcontractors

Is there a requirement in your contract with tenants and/or subcontractors that they have adequate liability and property insurance?

Yes No

If YES, what is the minimum limited that you require?

US\$

Do you check annually that all tenants and/or subcontractors maintain and renew their insurance?

Yes No

Note: *There is a policy requirement at your Tenants and Subcontractors purchase and maintain adequate liability and property insurance, and that you review those policies annually.*

Volumes

Please advise cargo throughputs per policy year

	Last year	This year	Estimated next year
TEUs			
Break bulk (tonnes)			
Dry bulk (tonnes)			
Wet bulk (tonnes)			
Autos			
Passengers			
Other			

Please specify other

	Last year	This year	Estimated next year
What is your annual revenue?			

	Last year	This year	Estimated next year
What percentage of revenue is derived from cargo handling?	%	%	%

How many vessels call per annum? Please provide figures broken down into size of vessel

	Last year	This year	Estimated next year
Up to 5,000 GRT			
5,000 – 15,000 GRT			
Over 15,000 GRT			

Loss Prevention/Risk Management

Please attach details of

- a Your risk control/loss control management
- b Pollution control/environmental impairment control
- c Property and equipment maintenance and staff training programmes



d All fire detection and fire fighting equipment and its condition, include equipment in buildings, warehouses and on cargo handling equipment, particularly grain and coal conveyors and other equipment, susceptible to fire/explosion

e Security precautions (including)

- 24 hour security guards? Yes No
- All buildings/perimeter fences/gates alarmed? Yes No
- Closed circuit TV Yes No
- Continual documentations security checks? Yes No
- Other (please attach details) Yes No

f Independent surveys of facilities/equipment during the last twelve months. If you do not have a recent satisfactory survey, it will be a subjectivity of your quote that a survey be performed at your expense, unless otherwise agreed.

Are there any revisions to the loss prevention/risk management measures in a) to f) envisaged/planned during the policy period? Yes No

g International Ship and Port Facility Security Code compliant? Yes No

If No, please advise state of application

Claims History

Please attach liabilities claims histories (both paid and outstanding and any related fees or expenses including legal fees) for the last five completed years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

Important

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Policy.

Signature

Print name

Company position

Date

Assured to Note

The construction of this policy shall be governed by English law and practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained in the policy.



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