



Marine

Terminal Operations Questionnaire



General Information

Name of terminal operator	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
City and postcode	<input type="text"/>
Other addresses/locations	<input type="text"/>
Website address	<input type="text"/>

Years of formation: Please provide latest Report/Accounts and any brochure describing services provided

Number of employees	Full time	<input type="text"/>	Part time	<input type="text"/>
	Directors/Officers/Partners	<input type="text"/>		

Infrastructure

Please indicate which of the following you operate from your terminal

Berths	Number	<input type="text"/>	Total length	<input type="text"/>
Warehouses	Number of dry	<input type="text"/>	Number of Reefer	<input type="text"/>
Warehouse specifications	Area m ²	<input type="text"/>	Max value stored	<input type="text"/>
	Average value stored	<input type="text"/>	Construction of wall	<input type="text"/>
	Construction of roof	<input type="text"/>	Sprinkler system operating	<input type="text"/>
	Fire detection	<input type="text"/>	Fire prevention	<input type="text"/>
	CCTV	<input type="text"/>	24 hour security	<input type="text"/>
Inland Clearance Depot	Number	<input type="text"/>	Area m ²	<input type="text"/>
	Fenced perimeter	<input type="text"/>	Permanently manned entry/exit	<input type="text"/>
	CCTV	<input type="text"/>	24 hour security	<input type="text"/>
Container Repair Facility	Number	<input type="text"/>	Stand alone area	<input type="text"/>
	Percentage of non-marine work	<input type="text"/>	Hot work procedures	<input type="text"/>
Offices/Admin Buildings	Construction of walls	<input type="text"/>	Construction of roof	<input type="text"/>
	Sprinkler system operating	<input type="text"/>	Fire detection methods	<input type="text"/>
	Fire prevention methods	<input type="text"/>	24 hour security	<input type="text"/>

Other (please give full details)	<input type="text"/>
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Services

Type of operation performed:

Please enter Y = Yes, supplied by you
S = Subcontracted out to a third party

- Stevedoring
Marine terminal operator
Container/trailer freight station
Container/trailer storage/repair depot
Inland clearance depot
Airfreight terminal/depot
Warehousing
Emergency (eg Fire)
Other (please specify and give details)
Local collection and delivery
Depot operator for leasing companies
Equipment repair/refurbishment
Waste disposal
Advice to other operators
Operating a chassis pool
Security (eg Police)
Bunkering

Any other services subcontracted out? Yes No

If Yes, please specify which

Contracts with Customers

Contracts with Customers (please tick the relevant box, and give comment if necessary)

- No contracts Yes No
Standard contracts Yes No
Individual user agreements Yes No
Port tariff/act/bylaws Yes No

Under these contracts there is:

- Limited liability in respect of negligence Yes No
Unlimited liability in respect of negligence Yes No
No liability Yes No
Any other contracts? Yes No

If Yes, please specify



Other Contracts

Does the terminal indemnify another person for their negligence under any agreement (eg for equipment, land or buildings)?

Yes No

If Yes, please specify

Has/does the insured waive rights of recourse against another person?

Yes No

If Yes, please specify

Volumes

Please advise annual throughputs broken down into TEUs handled, break bulk and bulk (in tonnes or barrels), cars (as units or tonnes) and other cargoes

Cargo types	Last year	This year	Estimated next year
Containers TEU			
Containers Reefers			
Containers Extrasize			
Break bulk (tonnes)			
Dry bulk (tonnes)			
Wet bulk (tonnes/barrels)			
Cars			
Passengers			
Livestock			
Project cargo			
Heavy lift			
Other			

Please specify

Types of cargoes etc stored/handled

Methods of handling liquid/bulk cargoes

	Last year	This year	Estimated next year
What is insured's annual revenue?			

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

- Risk control/loss control management
• Pollution control/environmental impairment control
• Property and equipment maintenance and staff training programmes
• 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

- Independent surveys of facilities/equipment during the last twelve months
• Trading conditions

History

Please attach full claims history (both paid and outstanding) for the last five (5) complete years net of any deductible

Additional Information

Please set out any other information relevant to the insurance, including limits and deductibles required.

[Empty text box for additional information]

Declaration

I/We declare and warrant that the answers and information given in this Application are complete, true and accurate to the best of our knowledge, information and belief. We have not misrepresented, omitted or failed to disclose any material facts that might influence AIGs' assessment of the risk. It is understood that AIG's underwriters will rely upon the information and representations set forth above in determining the acceptability and rates and conditions of coverage. It is further understood that the completion of this Application does not bind me/us to accept this insurance or AIG to effect insurance on the risk but if terms are agreed this Application will form part of our insurance policy. It is further noted and understood that I/We am/are under a continuing obligation immediately to notify AIG of any material alteration to the nature, extent or size of the operation described herein and that any material misrepresentation, omission or concealment of information herein will automatically void any insurance policy issued by AIG in reliance upon this Application.

Signature (representing Operating/Broker)

[Signature box]

Print name

[Print name box]

Position

[Position box]

Date

[Date box]



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