

---

# TERMINAL OPERATOR PROPOSAL FORM

---



Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to [underwriting@atlas-insurancecover.com](mailto:underwriting@atlas-insurancecover.com).

**NAME & ADDRESS:** Please list the name and address of terminal operator, and enclose your latest annual financial report and terminal handbook.

**LOCATION(S):** Please list the address of your location(s), including the postal/ zip codes where applicable, and latitudes & longitudes and attach a map showing the outline and boundaries of the terminal(s).

## SERVICES:

Types of operation performed by you (please tick ✓ those relevant to you):-

- |  |   |
|--|---|
| <input type="checkbox"/> Stevedoring;                            | <input type="checkbox"/> Local collection and delivery      |
| <input type="checkbox"/> Marine terminal operator                | <input type="checkbox"/> Depot Operator (leasing companies) |
| <input type="checkbox"/> Container/trailer Freight Station       | <input type="checkbox"/> Equipment repair/ refurbishment    |
| <input type="checkbox"/> Container/trailer storage               | <input type="checkbox"/> Waste disposal                     |
| <input type="checkbox"/> Inland Clearance Depot (ICD)            | <input type="checkbox"/> Advice to other Operators          |
| <input type="checkbox"/> Airfreight Terminal/Depot               | <input type="checkbox"/> Operating a chassis pool           |
| <input type="checkbox"/> Warehousing                             | <input type="checkbox"/> Security (e.g. Police)             |
| <input type="checkbox"/> Emergency (e.g. Fire)                   | <input type="checkbox"/> Bunkering                          |
| <input type="checkbox"/> Other (Please specify and give details) |   |

Are any services subcontracted out?

Yes  (specify which)      No

## SERVICES - WAREHOUSING

Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerised cargo):

What is your responsibility for the cargo stored?

- No Responsibility Yes       No   
*(if YES, please move on to **CONTRACTS/INDEMNITIES**)*
- Responsible only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes       No

- 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: USD \_\_\_\_\_

What % of your total revenue is generated by warehousing 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 firefighting water at all times? Yes  No

**CONTRACTS/INDEMNITIES**

Contracts with Customers (for example shipping lines):

Do you have any of the following contracts with your customer(s)? And if so, please indicate the extent of any 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"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Standard Contracts ? <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Individual user agreements? <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Port tariff/act/bylaws? <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

If "Other" is ticked please give details.

**Other Contracts:**

Have you indemnified another person for his negligence under Any agreement (e.g. for equipment, land or buildings)? Yes  No   
If yes, please give details

Have you waived rights of recourse against another person? Yes  No   
If yes, please give details

**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 limit that you require? USD \_\_\_\_\_

*Note: There is a policy requirement that your Tenants and Subcontractors*

**VOLUMES** - Please advise Cargo throughputs per Policy Year:

	Last Year	Current Year	Next Year Estimate
TEUs			
Break Bulk (tonnes)			
Dry Bulk (tonnes)			
Wet Bulk (tonnes)			
Autos			
Passengers			
Others (specify below)			

What is your Annual Revenue?

Last Year	Current Year	Next Year Estimate

How many vessel calls per annum? Please provide figures broken down into size of vessel.

	Last Year	Current Year	Next Year Estimate
Up to 5,000 GT			
5,000 to 15,000 GT			
Over 15,000 GT			

**HANDLING EQUIPMENT**

Please provide the aggregate value for the current year and next year and attach a schedule showing against each item, description, value and age.

Are your declared values based on:-

New replacement value? Yes  No

Market value? Yes  No

Depreciated (book) value? Yes  No

Please provide your estimated Maximum Possible Loss. USD\_\_\_\_\_

**PROPERTY**

Please provide a summary of property values broken down as follows:

	Sum Insured USD
Wharves, Quays and Jetties	
Buildings	
Warehouse/Storage Facilities	

Please also attached **a full schedule** with description, values, age, location including details of construction and details of fire extinguishing appliances/ sprinklers;

Please itemise separately (together with the location) any single structure where the insured value is in excess of USD 15,000,000;

Please itemise separately (together with location) any property outside the confines of the port.

Please provide your estimated Maximum Possible Loss. USD \_\_\_\_\_

### BUSINESS INTERRUPTION

What is your applicable annual revenue?

Last Year	Current Year	Next Year Estimate

Do you require cover for increased cost of working?  
And loss of revenue? Yes  No   
Yes  No

What cover is required?  
physical loss/damage of handling equipment? Yes  No   
physical loss/damage to property? Yes  No   
and port blockage of Operations? Yes  No

If port blockage is required, do you require cover for:-

blockage of berths; Yes  No   
approach channels and locks; Yes  No   
and land entrances? Yes  No

Is your electricity supply generated by yourself?   
or through external means?   
(please tick ✓ the relevant box)

Do you have a backup / emergency generator? Yes  No

Are there alternative/reserve equipment/ means of access available to mitigate any claim?  
If yes, please give details. Yes  No

Please **attach a map** of the port to illustrate your answer.

### 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| All buildings/perimeter fences/gates alarmed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Close Circuit TV?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Continual documentation security checks?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other? Please <b>attach</b> details           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- 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) above envisaged / planned during the policy period? Yes  No

If yes, please attach details.

- g) International Ship & Port Facility Security Code compliant. Yes  No

If no, please advise status of application.

### **CLAIMS HISTORY**

Please **attach** separate Liabilities, Physical Damage and Hull claims histories (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

### **Declaration and Signature**

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not misstated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise insurers. We also understand that completion of this form does not bind insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance contract. By completing this proposal form we confirm that any business we conduct with A.T.L.A.S. is in accordance with all relevant money laundering, anti-financial crime and international economic or financial sanctions legislations.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_