



AFRO-ASIAN®
INSURANCE SERVICES LTD
Member of LLOYD'S

PORTS & TERMINALS QUESTIONNAIRE

1. GENERAL INFORMATION

1. Name of Insured

2. Main Address
Postcode:

Main Telephone No.

Email Address

Website Address

3. Other addresses/ locations
Postcode:

Year Established

No. of Employees

Full Time	<input type="text"/>
Part Time	<input type="text"/>
Directors/Officers/Partners	<input type="text"/>

4. Are you a member of any Trade Associations? Yes No

If YES, which ones?



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2. INFORMATION ON YOUR INFRASTRUCTURE

1. Are you a

Landlord Port?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES what % income is derived?	%
Operational Port?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES what % income is derived?	%

If you are a Landlord Port please state your top three tenants

1	
2	
3	

2. Please describe your current activities

3. Please indicate which of the following you operate from your Port / Terminal

i) Berths

Number	
Total Length	
Maximum Draft Accommodated	
How often surveyed above and below water line	

ii) Warehouses

Number Dry		
Number Reefer		
Construction type:	Walls	
	Roof	
	Sprinklered	
	Area m ²	
	Maximum Value Stored	
	Average Value Stored	
	Fire Detection	
	Fire Prevention	
	CCTV	
24hr Occupation/Security		



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Inland Clearance Depot/Container Freight Station

Number	
Area m2	
Perimeter Fenced	
Manned Entry/Exit	
CCTV	
24hr Occupation/Security	

iii) Container Repair Facility

Number	
Stand Alone Area	
Any Non Marine Work?	
Hot Work Procedures	

iv) Offices/Administration Buildings

Walls	
Roof	
Sprinklered	
Fire Detection	
Fire Prevention	
24hr Occupation/Security	

v) Other: *Please provide details*

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6. Other Activities

Do you perform any of the following activities/services?

- | | | | | | |
|------|--|-----|--------------------------|----|--------------------------|
| i) | Mixing or blending of fuels, oils, chemicals either for Third Party clients or bunkering purposes? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) | Any non marine repair work e.g. for external engineering firms? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) | Waste disposal of any waste other than vessel's domestic waste e.g. any chemicals/high hazard waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Management Features

- | | | | | | |
|------|---|-----|--------------------------|----|--------------------------|
| i) | Do you have a Disaster Recovery Plan in respect of fire, pollution, any other catastrophic event?
Please supply a copy if available. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) | A system of regular maintenance and checks on all plant machinery and equipment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) | Continual documentation checks throughout the terminal? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv) | Please separately describe the actions undertaken in order to comply with the ISPS Code. | | | | |
| v) | Please separately provide any surveys of your location that have been carried out within the last 3 years. | | | | |

8. Your Subcontractors/Service Providers

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you require Sub Contractors and other service providers to indemnify you against their own negligence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you insist on being named as an Additional Assured on their policies? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you provide any indemnities/hold harmless towards other parties? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you waive any liability towards any other parties? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |



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4. INFORMATION ON YOUR THROUGHPUT/INCOME

1. Please provide your annual volumes for the following:

<u>Type of Cargo</u>	<u>Last Year</u>	<u>This Year</u>	<u>Next Year</u>
Containers TEU			
Containers Reefer			
Containers Extrasize			
Breakbulk Tonnes			
Dry Bulk Tonnes			
Wet Bulk Tonnes			
Non Hazardous Liquid Bulk			
Cars (Private / Commercial)			
Passengers			
Livestock			
Project Cargo/High Value			
Heavy Lift			

Gross Revenues USD	Last Year	This Year	Next Year
Cargo Handling			
Storage			
Repair			
Other			
Totals			

	0-5,000 GT	5-10,000 GT	10-15,000 GT	15,000 GT+
Vessel Calls				



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5. PROPERTY, EQUIPMENT AND BUSINESS INTERRUPTION
IF COVER IS REQUIRED PLEASE REFER TO SEPARATE PROPOSAL FORM

6. INFORMATION ON YOUR INSURANCE HISTORY

1. For the last three years please indicate your broker and insurance company

Current Broker	
Broker, last year	
Broker, 2 years previous	

Current Insurer	
Insurer, last year	
Insurer, 2 years previous	

2. Has any insurer:

- i) Ever cancelled your insurance? Yes No
- ii) Refused to renew any aspect of your insurances? Yes No
- iii) Declined to insure any aspect of your insurances? Yes No

3. If you have answered YES to any of the above please provide us with some details

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7. YOUR CLAIMS HISTORY

1. Please provide your claims records for the last 5 years. Figures entered should be from the ground up, i.e. without application of your excess/deductible at the time

	Paid USD	Outstanding USD	Total USD
Year			
Current			
Less one			
Less two			
Less three			
Less four			

2. Please detail any claim over USD 100,000

D.O.L.	Details of Claim	Paid USD	O/S USD	Fees USD	Total USD

8. YOUR INSURANCE REQUIREMENTS

1. Please indicate the limits you require for the following sections of cover

Section 1 – Liability to Cargo	USD
Section 2 – Third Party Liability	USD
Section 3 – Professional Indemnity	USD
Section 4 – Liability to Authority	USD
Section 5 – Handling Equipment	USD
Section 6 - Property	USD
Section 7 – Business Interruption/Port Blockage	USD

2. Please indicate the excess/deductible you require USD

3. If Business Interruption arising out of Port/Berth Blockage is required
- a) Could you supply a plan of your Port/Terminal?
 - b) Advise back up facilities you have in the event of an emergency?



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9. ANY OTHER INFORMATION

Please detail any further information that may be material to the risk. Please feel free to attach any additional sheets and information.



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ANY OTHER INFORMATION

Continued



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10. DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence Underwriters' assessment of the risk. We also understand that completion of this form does not bind either the Underwriter or yourselves to accept this insurance, but if terms are agreed, it will form part of our contract with you.

Signed

Position

Date

DATA PROTECTION ACT

We will collect certain information about individuals within or connected to your company and any subsidiaries ("data subjects") in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve its transfer to countries which do not have data protection laws.

Some of the information we collect may be classified as 'sensitive' – that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information. Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our **Data Protection Compliance Officer at 3rd Floor, 16 St. Clare Street, London EC3n 1LQ, U.K..**

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.