



GALATEA

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CARGO HANDLING QUESTIONNAIRE

1. NAME & ADDRESS: Please list the name and also provide brochure / web site or other marketing information.

2. LOCATION(S): Please list the address of your location(s).

3a. 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; |
| <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

3b. 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 (if YES, please move to Question 4) Yes No
 - Responsible only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes No
 - Responsible for care, custody and control of all cargo, but no responsibility for force majeure? Yes No
 - Responsible 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 fire fighting water at all times? Yes No

4. CONTRACTS/INDEMNITIES

a) 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 |
|---|---|---|---|---|
| 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"/> |
| No contracts ?; <input type="checkbox"/> | | | | |

If "Other" is ticked, please give details.

b) 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 separately.

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

c) Subcontractors:

Is there a requirement in your contract with subcontractors that they have adequate liability and property insurance? Yes No

If yes, what is the minimum limit that you require? USD ____

Do you check annually that all subcontractors maintain and renew their insurance? Yes No

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

5. Volumes - Please advise Cargo throughputs per Policy Year:

| | <u>LAST YEAR</u> | <u>CURRENT YEAR</u> | <u>NEXT YEAR ESTIMATE</u> |
|------------------------|------------------|---------------------|---------------------------|
| TEU's | | | |
| Break Bulk (tonnes) | | | |
| Dry Bulk (tonnes) | | | |
| Wet Bulk (tonnes) | | | |
| Autos | | | |
| Passengers | | | |
| Others (specify below) | | | |

What is your annual revenue?

| <u>LAST YEAR</u> | <u>CURRENT YEAR</u> | <u>NEXT YEAR ESTIMATE</u> |
|------------------|---------------------|---------------------------|
| | | |

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

| | <u>LAST YEAR</u> | <u>CURRENT YEAR</u> | <u>NEXT YEAR ESTIMATE</u> |
|--------------------|------------------|---------------------|---------------------------|
| Up to 5,000 GT | | | |
| 5,000 to 15,000 GT | | | |
| Over 15,000 GT | | | |

6. LOSS PREVENTION / RISK MANAGEMENT -

a) Do you have a property and equipment maintenance programme Yes No

b) Do you have a staff training programme Yes No

c) Do you security precautions include:

24 hour security guards? Yes No

All buildings/perimeter fences/gates alarmed? Yes No

Close Circuit TV? Yes No

Continual documentation security checks? Yes No

Other? Please **attach** details Yes No

d) can you provide us with a copy of a recent survey of your facilities?

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

If yes, please **attach** details.

g) Is the International Ship & Port Facility Security Code applicable to you and if so are you compliant. Yes No

7. 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 _____

8. PROPERTY –

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

| | SUM INSURED US\$ |
|------------------------------|-------------------------|
| Wharves, Quays and Jetties | |
| Buildings | |
| Warehouse/Storage Facilities | |

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

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

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

Please provide your estimated **Maximum Possible Loss**. USD _____

- 9. CLAIMS HISTORY** - Please **attach** separate Liability claims history (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.

Signed

Date

Company Position

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.