



**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**

	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.

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

7. **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.