



SPECIFIC QUESTIONNAIRE

CARGO HANDLERS

A. NAME & ADDRESS APPLICANT

B. SERVICES TO BE INSURED

- MARINE TERMINAL OPERATOR
- NON-MARINE TERMINAL OPERATOR
- WAREHOUSE OPERATOR
- CUSTOM CLEARANCE

For each box you tick, the corresponding section below must be duly completed. You can disregard all other sections.

IMPORTANT

This questionnaire is to be duly completed and signed by the insured. In the event insurance is effected, this questionnaire will form part of the policy and cover is subject to the original signed questionnaire being received by the Company within 30 days from inception.

Any changes during the policy period in the nature of the insured's operations, which materially changes or alters in any way the information provided in this questionnaire, must immediately be advised to the Company, failing which, the validity of the policy may be affected.

NAME, POSITION & SIGNATURE

DATE

C. MARINE TERMINAL OPERATOR

C.1. PLEASE ADVISE ANNUAL GROSS TURNOVER:

C.2. PLEASE INDICATE VOLUMES HANDLED:

CONTAINERS		CARS/VEHICLES	UNITS
LOADED	TEU	BREAKBULK	M/T
LOADED REEFER	TEU	REFRIGERATED BREAKBULK	M/T
EMPTY	TEU	DRY BULK	M/T
RO-RO	UNITS	WET BULK	M/T
		OTHER (<i>please specify</i>)	

C.3. PLEASE LIST FIVE MOST IMPORTANT NON-CONTAINERISED CARGOES HANDLED AT THE TERMINAL:

C.4. PLEASE ADVISE WHETHER YOU TRADE UNDER CONTRACTS, STANDARD TRADING CONDITIONS OR PORT ACTS WHICH PROVIDE FOR LIMITED LIABILITY IN NEGLIGENCE:

YES NO

PLEASE PROVIDE COPY.

C.5. PLEASE ADVISE WHETHER YOU EMPLOY:

A) OWN LABOURERS: YES NO

B) LABOURERS FROM A PORT LABOUR POOL: YES NO

C) LABOURERS FROM AN EMPLOYMENT AGENCY: YES NO

PLEASE NOTE THAT YOUR POLICY DOES NOT COVER YOUR LIABILITY FOR PERSONAL INJURY TO EMPLOYEES, INCLUDING LABOURERS HIRED FROM A PORT LABOUR POOL OR EMPLOYMENT AGENCY.

C.6. DO YOU OPERATE A WAREHOUSE? YES NO. IF YES, PLEASE COMPLETE SECTION E OF THIS QUESTIONNAIRE.

C.7. DO YOU WISH TO INSURE TERMINAL HANDLING EQUIPMENT: YES NO. IF YES, PLEASE COMPLETE THE EQUIPMENT QUESTIONNAIRE.

C.8. PLEASE PROVIDE DETAILS ON SECURITY ARRANGEMENTS:

A) ACCESS / EXIT CONTROL:

B) SECURITY GUARDS:

C) PERIMETER FENCES:

D) ALARMS:

E) CLOSE CIRCUIT TV:

F) OTHER:

C.9. PLEASE ATTACH FULL CLAIMS HISTORY OF PAID AND OUTSTANDING CLAIMS INCL. LEGAL FEES FOR THE PAST 5 YEARS. FIGURES MUST BE SHOWN NET OF DEDUCTIBLE AND MENTION APPLICABLE DEDUCTIBLE FOR EACH YEAR.

D. NON-MARINE TERMINAL OPERATORS

D.1. PLEASE ADVISE ANNUAL GROSS TURNOVER:

D.2. PLEASE ADVISE WHETHER YOU PROVIDE ANY OF THE FOLLOWING SERVICES:

- A) CONTAINER FREIGHT STATION: YES NO
- B) CONTAINER/TRAILER FREIGHT STATION: YES NO
- C) INTERMODAL RAIL TERMINAL: YES NO
- D) CONTAINER/TRAILER DEPOT: YES NO

D.3. PLEASE INDICATE VOLUMES HANDLED:

CONTAINERS		CARS/VEHICLES	UNITS
LOADED	TEU	BREAKBULK	M/T
LOADED REEFER	TEU	REFRIGERATED BREAKBULK	M/T
EMPTY	TEU	DRY BULK	M/T
RO-RO	UNITS	WET BULK	M/T
		OTHER (<i>please specify</i>)	

D.4. PLEASE LIST FIVE MOST IMPORTANT NON-CONTAINERISED CARGOES HANDLED AT THE TERMINAL/DEPOT:

D.5. PLEASE ADVISE WHETHER YOU TRADE UNDER CONTRACTS, STANDARD TRADING CONDITIONS OR PORT ACTS WHICH PROVIDE FOR LIMITED LIABILITY IN NEGLIGENCE:

- YES NO

PLEASE PROVIDE COPY.

D.6. PLEASE ADVISE WHETHER YOU EMPLOY:

- a) OWN LABOURERS: YES NO
b) LABOURERS FROM A PORT LABOUR POOL: YES NO
c) LABOURERS FROM AN EMPLOYMENT AGENCY: YES NO

PLEASE NOTE THAT YOUR POLICY DOES NOT COVER YOUR LIABILITY FOR PERSONAL INJURY TO EMPLOYEES, INCLUDING LABOURERS HIRED FROM A PORT LABOUR POOL OR EMPLOYMENT AGENCY.

D.7. DO YOU OPERATE A WAREHOUSE? YES NO. IF YES, PLEASE COMPLETE SECTION E OF THIS QUESTIONNAIRE.

D.8. DO YOU WISH TO INSURE TERMINAL HANDLING EQUIPMENT: YES NO. IF YES, PLEASE COMPLETE THE EQUIPMENT QUESTIONNAIRE.

D.9. PLEASE PROVIDE DETAILS ON SECURITY ARRANGEMENTS:

G) ACCESS / EXIT CONTROL:

H) SECURITY GUARDS:

I) PERIMETER FENCES:

J) ALARMS:

K) CLOSE CIRCUIT TV:

L) OTHER:

D.10. PLEASE ATTACH FULL CLAIMS HISTORY OF PAID AND OUTSTANDING CLAIMS INCL. LEGAL FEES FOR THE PAST 5 YEARS. FIGURES MUST BE SHOWN NET OF DEDUCTIBLE AND MENTION APPLICABLE DEDUCTIBLE FOR EACH YEAR.

E. WAREHOUSE OPERATOR

E.1. PLEASE ADVISE ANNUAL GROSS RECEIPTS OUT OF WAREHOUSING:

E.2. PLEASE ADVISE ADDRESS OF EACH WAREHOUSE LOCATION:

E.3. PLEASE DESCRIBE PREMISES:

- A. WHAT IS THE GROUND FLOOR AREA IN M² ?
- B. HOW MANY STORIES ?
- C. TOTAL AREA OF PREMISES AVAILABLE FOR STORAGE ?
- D. ANY BASEMENT USED FOR STORAGE ? YES NO . IF YES, IS BASEMENT PROTECTED BY AUTOMATIC PUMP AND IS CARGO STORED ON SHELVES OR PALLETS ?
- E. YEAR BUILT: . IF RECENTLY REMODELLED, PLEASE ADVISE WHEN:
- F. WHAT KIND OF CONSTRUCTION MATERIAL:
WALLS:
ROOF:

E.4. PLEASE DESCRIBE PREMISES PROTECTION:

- A. IS LOCATION SPRINKLERED ? YES NO
- B. LIST ANY OTHER FIRE PROTECTION:
- C. WHAT DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT:
- D. IS THERE ANY BURGLAR ALARM SYSTEM ? YES NO. IF YES, IS IT CONNECTED WITH POLICE STATION AND/OR SECURITY SERVICE ? YES NO
- E. DO YOU EMPLOY WATCHMEN:
 - (i) DURING WORKING HOURS: YES NO
 - (ii) 24/24 HRS AND 7/7 DAYS: YES NO
- F. DO YOU HAVE CLOSED CIRCUIT TV ? YES NO
- G. PLEASE LIST ANY OTHER POSSIBLE KIND OF PREMISES PROTECTION:

E.5. PLEASE PROVIDE:

- A. MAXIMUM VALUE IN THE WAREHOUSE AT ANY ONE TIME:

- B. AVERAGE VALUE IN THE WAREHOUSE AT ANY ONE TIME:

E.6. PLEASE INDICATE WHICH OF THE FOLLOWING SERVICES YOU PROVIDE:

- IN-TRANSIT STORAGE
- LONG TERM STORAGE
- CONSOLIDATION & DECONSOLIDATION
- TEMPERATURE CONTROLLED STORAGE
- CUSTOMS BONDED STORAGE

E.7. PLEASE INDICATE WHAT PERCENTAGE OF YOUR WAREHOUSING IS REPRESENTED BY THE FOLLOWING CARGOES:

TEMPERATURE CONTROLLED CARGOES	%	BOTTLED SPIRITS	%
PERISHABLE CARGOES	%	PROCESSED TOBACCO	%
DANGEROUS CARGOES	%	COMPUTERS & COMPUTER PARTS	%
PHARMACEUTICALS	%	TV/VIDEO/DVD/RADIO	%
PERSONAL & HOUSEHOLD EFFECTS	%	WORKS OF ART	%
MOBILE PHONES	%	ANTIQUES	%

E.8. PLEASE ADVISE UNDER WHICH CONTRACT TERMS YOU TRADE. PLEASE PROVIDE A COPY.

E.9. PLEASE ADVISE AS A PERCENTAGE OF YOUR ANNUAL GROSS RECEIPTS YOU SUB-CONTRACT:

- LESS THAN 10%
- BETWEEN 10% AND 25%
- BETWEEN 25% AND 50%
- BETWEEN 50% AND 75%
- BETWEEN 75% AND 99%
- 100%

E.10. WHEN YOU SUB-CONTRACT, PLEASE ADVISE:

- A. WHETHER YOU CHECK THE SUB-CONTRACTOR'S INSURANCE ARRANGEMENTS PRIOR TO USING HIS SERVICES: YES NO
- B. WHETHER YOU OBTAIN AN INSURANCE CERTIFICATE FROM THE SUB-CONTRACTOR:
 YES NO

E.11. PLEASE ATTACH FULL CLAIMS HISTORY OF PAID AND OUTSTANDING CLAIMS INCL. LEGAL FEES FOR THE PAST 5 YEARS. FIGURES MUST BE SHOWN NET OF DEDUCTIBLE AND MENTION APPLICABLE DEDUCTIBLE FOR EACH YEAR.

F. CUSTOM CLEARANCE

F.1. PLEASE ADVISE ANNUAL GROSS INCOME IN RESPECT OF CUSTOM CLEARANCE, EXCLUDING DUTIES AND TAXES PAID BY CUSTOMERS:

F.2. PLEASE ADVISE WHETHER YOUR COMPANY:

A) POSSESSES THE NECESSARY LICENSES AS REQUIRED BY LAW TO ACT AS A CUSTOM AGENT:

YES NO

B) SUB-CONTRACTS THE CUSTOM CLEARANCE TO THIRD PARTIES: YES NO

F.3. PLEASE INDICATE:

A) WHETHER YOUR COMPANY HAS A CUSTOMS BOND: YES NO

B) WHETHER YOU ARRANGE CUSTOM CLEARANCE, INCLUDING ISSUING T-FORMS, FOR TRANSPORT AND/OR STORAGE OF SPIRITS AND/OR CIGARETTES: YES NO

C) IF THE ANSWER UNDER B IS YES, PLEASE ADVISE WHICH SECURITY ARRANGEMENTS YOU MAKE:

D) WHETHER YOU HAVE A SPECIAL PROCEDURE IN PLACE FOR CHECKING THE RELIABILITY AND FINANCIAL STATUS OF YOUR CUSTOMERS: YES NO

IF YES, PLEASE SPECIFY:

F.4. PLEASE ATTACH FULL CLAIMS HISTORY OF PAID AND OUTSTANDING CLAIMS INCL. LEGAL FEES FOR THE PAST 5 YEARS. FIGURES MUST BE SHOWN NET OF DEDUCTIBLE AND MENTION APPLICABLE DEDUCTIBLE FOR EACH YEAR.