



**PORTS AND TERMINALS  
PROPOSAL**

*Please email or post to*

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**PART A**

**ABOUT YOUR COMPANY AND YOUR BROKER**

**1) Intermediary Details**

a. Intermediary name

b. Address

c. Contact name

d. Telephone

e. Email

**2) Applicant Details**

a. Company name

b. Year company established

c. Principal/partners' full name(s) or registration number if limited company

d. Address

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e. Telephone

f. Email

g. Website

h. Trading name (if different)

i. Name of any associated or subsidiary companies to be included (information provided must include these companies' activities)

j. Trade association membership details

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k. Number of Staff

**PART B**

**ABOUT YOUR BUSINESS**

**1) Business Details**

**A. Location**

i. Please provide full postal address of all operations/locations to be insured:

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ii. Please provide a plan or outline on a map of all locations to be insured indicating operation quaysides, pontoons, storage areas, warehouses etc., if on your website please state website address below.

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**B. Turnover**

|   |  |
|---|--|
| i. Actual annual turnover for last 5 financial years  |  |
| ii. Estimated turnover for next 12 months             |  |
| iii. Please provide a split of revenues generated as: |  |
| (a) Port Owner  |  |
| (b) Port Operator                                     |  |
| (c) Terminal Operator                                 |  |

**C. Vessel Calls**

Please advise the number of vessel calls for the previous financial year and estimated number of vessel calls for the current financial year.

|                                  |  |
|----------------------------------|--|
| i. Up to 5,000 GRT               |  |
| ii. From 5,000 GRT to 15,000 GRT |  |
| iii. Over 15,000 GRT             |  |

D. Throughput

Please advise your actual throughput for the last 12 months and your estimated throughput for the proposed policy period (12 months) for the following operations (please express in Metric Tonnes unless otherwise indicated):

|  | Actual Throughput | Estimated Throughput |
|--|-------------------|----------------------|
| i. Container throughput expressed in TEUs split between full and empties |                   |                      |
| ii. Breakbulk  |                   |                      |
| iii. Refrigerated Breakbulk  |                   |                      |
| iv. Dry Bulk   |                   |                      |
| v. Oil and Gas   |                   |                      |
| vi. Liquid Bulk (other than oil and gas)                                 |                   |                      |
| vii. Heavy Lift/ Special Project   |                   |                      |
| viii. Cars (number of cars)  |                   |                      |
| ix. Roll on/ Roll off  |                   |                      |
| x. Passengers, Cruise  |                   |                      |
| xi. Passengers, Ferry  |                   |                      |
| xii. Other (please specify)  |                   |                      |

E. Principal Operations

i. Please advise what the principal products are that are handled by the port terminal

ii. Please provide details of any specialist cargo handling provide by the port / terminal

iii. Please provide details of hazardous cargo handled including containerised hazardous cargo:

| Hazardous Cargo Handled | Special Procedures Adopted | What proportion of overall cargo handling does this represent? |
|-------------------------|----------------------------|--|
|                         |                            |  |
|                         |                            |  |
|                         |                            |  |

100%

F. General Operations

i. Is there a formal safety plan in place?

Yes / No

*If Yes please provide details:*

ii. Do all employees undertake formal safety training?

iii. What are your pollution prevention and clean-up procedures and do you carry out emergency response drills, how often and how are the drills accessed?

iv. Please provide details of the anti pollution and clean-up equipment available to you.

v. Are 24 hour security staff employed?

vi. What other security measures are in place (for example security at the entrance, secure perimeter fencing, CCTV, intruder alarms), please provide details

vii. When was the last premises / risk assessment survey conducted and are there any outstanding recommendations?

*Please provide a copy of the survey if available and details of any outstanding recommendations.*

viii. What is your liability limited to under your standard terms and conditions.

ix. Are your cargo handling workers (*please circle or highlight*):

- (a) employed directly by you;
- (b) hired from a port labour pool;
- (c) employed by an independent company;
- (d) employed by a third party port authority or port operator.

x. In respect of liquid cargo, who is responsible for connecting the hoses?

G. Warehousing

- i. Do you offer warehousing facilities for cargo whilst in transit? Yes / No
- ii. Separate warehousing services for storage only? Yes / No

**If the answer to (a or b) above is Yes, please complete the Warehouse Keepers Supplementary questionnaire.**

H. Other Business Activities

If you provide any of the following facilities of services please provide details including turnover and throughput

*(Please indicate whether these figures are already included in your turnover and throughput figures in c. and d. above)*

|  | Estimated Turnover | Estimated Throughput |
|--|--------------------|----------------------|
| i. Container storage facility within the port area |                    |                      |
| ii. Rail depots                                    |                    |                      |
| iii. Inland container / clearance depots           |                    |                      |
| iv. Freight Forwarding                             |                    |                      |
| v. Ship agency                                     |                    |                      |
| vi. Bunkering                                      |                    |                      |
| vii. Ship's waste disposal                         |                    |                      |
| viii. Container maintenance and repair             |                    |                      |
| ix. Reefer container pre trip inspections          |                    |                      |
| x. Local delivery and collection under 20 miles    |                    |                      |
| xi. Other delivery and collection over 20 miles    |                    |                      |
| xii. Other activities                              |                    |                      |

*In relation to Local delivery and collection under 20 miles (question H(x) above), please provide details of the following:*

1. Details of owned and leased vehicles (type, make, model and age)

2. Percentage of cargo handled or stored that is delivered / collected

- 
3. If you use subcontractors:
    - i. Do you require that they contract on the same conditions? **Yes / No**
    - ii. Do you obtain confirmation in writing that they have adequate valid liability insurance in force? **Yes / No**
    - iii. Do you obtain written references for all drivers? **Yes / No**
    - iv. Approximately what percentage of business is subcontracted? %
  4. If you use agency drivers:
    - i. Do you ensure the agency has taken up written references? **Yes / No**
    - ii. Approximately what percentage of business is carried out using agency drivers? %
- 

*In relation to Other delivery and collection over 20 miles (question H(xi) above), please provide details of the following:*

1. Details of owned and leased vehicles (type, make, model and age)

2. Percentage of cargo handled or stored that is delivered / collected

3. If you use subcontractors:
    - i. Do you require that they contract on the same conditions? **Yes / No**
    - ii. Do you obtain confirmation in writing that they have adequate valid liability insurance in force? **Yes / No**
    - iii. Do you obtain written references for all drivers? **Yes / No**
    - iv. Approximately what percentage of business is subcontracted? %
  4. If you use agency drivers:
    - i. Do you ensure the agency has taken up written references? **Yes / No**
    - ii. Approximately what percentage of business is carried out using agency drivers? %
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I. Trading Conditions

For all business operations to be insured:

- i. Please provide details below of any contracts entered into where your limit of liability has been increased

- ii. Please provide a copy of your standard terms and conditions
- iii. Please provide a copy of any non standard or bespoke contracts

**PART C**

**ABOUT YOUR INSURANCE**

**1) Policy Extensions**

Please indicate if required

|                          |                 |
|--------------------------|-----------------|
| a. Errors and Omissions  | <b>Yes / No</b> |
| b. Third Party Liability | <b>Yes / No</b> |

**2) Period, Limit, Deductible**

|   |  |
|---|--|
| a. When do you wish cover to commence?                            |  |
| b. What are your current and/or preferred limits and deductibles? |  |
| c. What were your deductibles for the last five years?            |  |

**3) Claims Experience**

a. Please provide details, in the following format, for any paid or outstanding claims in the last five years. Claims should be net of deductible. Please include any survey/legal/expert fees:

| Year | Insurer | Policy no. | Amount Paid | No. of Claims paid | Amount Reserved | No. of Claims Reserved |
|------|---------|------------|-------------|--------------------|-----------------|------------------------|
|      |         |            |             |                    |                 |                        |
|      |         |            |             |                    |                 |                        |
|      |         |            |             |                    |                 |                        |
|      |         |            |             |                    |                 |                        |
|      |         |            |             |                    |                 |                        |

b. Please provide details, of any claims in the last five years in excess of USD50,000:

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## DECLARATION

Insurance Act 2015 imposes on the Insured a 'duty of fair presentation of risk'.

Fair Presentation of Risk means that the Insured:

- (a) Must make a reasonable search for relevant information and documentation, which includes the make of enquiries by the Insured, which might influence the Insurer in accepting the risk and if so on what terms, but excepting facts and documents which lessen risk or which are common knowledge or will be known by Insurers in the ordinary course of business; **and**
- (b) In this connection, the Insured must declare to Insurers in a clear and concise manner the information and documentation that the Insured's senior management and/or the person(s) in charge of insurance at the Insured and/or the risk manager at the Insured and/or the Insured's broker(s) (i) knows and (ii) ought to know, in the ordinary course of business.

Examples (but without limitation) of things which may be relevant are special or unusual facts relating to risk, particular concerns which led the Insured to seek insurance, and anything which those concerned with this type of insurance and field of activity to be insured would generally understand to be relevant.

(c) If the insured suspects that there is relevant information or documentation which should be declared under the duty to make fair presentation to insurers, the Insured should take positive steps to make enquiry. Where he does not make such enquiry, the Insured shall be deemed to know.

(d) The Insured's statement as to its expectation of belief as to any relevant matter must be made honestly and in good faith.

Therefore, based on the above mentioned requirements, we hereby confirm that the answers given and information supplied are correct to the best of our knowledge and belief.

We further confirm we have fully disclosed any information which might influence the Insurer in deciding whether or not to accept the risk, the terms and conditions of cover, or what premium to charge. We acknowledge that failure to do so may render the insurance voidable from inception and enable the Insurer to repudiate cover.

We understand that if a contract of insurance is entered into, the answers given and information supplied, including this declaration, will form part of the contract.

Signed \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_