



TERMINAL OPERATORS LEGAL LIABILITY APPLICATION

1. Applicant's Name:
2. Mailing Address:
3. Location of facility:
4. How long has the applicant been in business? How long has the applicant been at this location?
5. How are vessels docked and by whom?
6. Number of berths at location:
7. What is the Maximum number of vessels at the facility any one time? What is the Average number of vessels at the facility at any one time?
8. What is the Maximum length of stay of vessels at facility at any one time? What is the average length of stay of vessels at facility at any one time?
9. What is the anticipated number of vessel calls per annum?
10. What type of vessels call at this facility?
11. Annual gross receipts for the past 3 years: \$ /20 \$ /20 \$ /20
12. What type of cargo is handled? Tonnage/percentage/method of unloading* Type: Tonnage: Percentage: Unloading:
*-Crane, RO/RO, Slung, container, vacuum, conveyor belt, pipeline
13. Is any cargo owned by the insured handled or stored at this facility? If yes, please provide details:
14. Who unloads/discharges cargo? Employees or independent stevedores?
15. Is Cargo stored at the facility? If so, what is the type, maximum time stored at any one time? What is the type, average stored at any one time?
16. Please advise of fire protection and security within/around facility:
17. a. Please attach a map and/or diagram of the facility b. Please complete attached Building Supplementary Application c. If there are no buildings on the premises, please provide details of fire protection <u>AND</u> security protection for this facility
18. Are there any other operations performed by the insured at this facility? If yes, please describe:

19. a. Describe all loss and claims in details which occurred in the past 5 years (date, amount paid and details of occurrence):

b. Have you been involved in any major losses at any time? If so, please provide details:

20. a. Prior Insurance Carrier:

b. Prior Insurance Policy No.:

Expiry date:

c. Have you ever been cancelled by an insurance company:

Yes

No

d. If yes advise why:

COVERAGE REQUEST:

LIABILITY LIMIT(S) REQUESTED:

DEDUCTIBLE(S) REQUESTED:

Agent's Name and Address:

Agent / broker's signature:

Applicant's signature:

Date:

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.

Supplementary application for all buildings

Applicant name and mailing address:		
Location a/o building address:		
Building is owned <input type="checkbox"/> rented <input type="checkbox"/> Approximate value of building:		
General: Square feet: Year Built: Height: Number of stories:	Construction: <input type="checkbox"/> Fire resistive <input type="checkbox"/> N.S.F.R. <input type="checkbox"/> Incombustible <input type="checkbox"/> Brick / Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:	Finish: <input type="checkbox"/> Open <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Other:
Roof Decking: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Mill <input type="checkbox"/> Patent / wood joist	Roof Covering: <input type="checkbox"/> Patent <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:	Chimney: <input type="checkbox"/> Brick/masonry from ground <input type="checkbox"/> Listed pre-fab metal <input type="checkbox"/> Other:
Grade Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Wood joist <input type="checkbox"/> Other:	Floor openings: <input type="checkbox"/> Open to storey <input type="checkbox"/> Open to basement <input type="checkbox"/> Other:	Beams: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
Access Detachment: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> All sides (is building attached to others etc...)	Exposures: (ie describe neighbors)	Fuses: <input type="checkbox"/> Ordinary fuses Type: <input type="checkbox"/> Circuit Breakers
Wiring: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> B.X. <input type="checkbox"/> Other:	Fuel: <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Other:	Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Forced warm air <input type="checkbox"/> Steam <input type="checkbox"/> Hot water <input type="checkbox"/> Woodstove (attach latest inspection) <input type="checkbox"/> Other:
Fire Protection: Distance from fire hydrant: Distance from fire hall: Volunteer or paid fire hall:	Internal Fire Protection: <input type="checkbox"/> Sprinklered <input type="checkbox"/> Central Station <input type="checkbox"/> CO2 System <input type="checkbox"/> Hand held fire extinguishers <input type="checkbox"/> Automatic Stand pipe & hose <input type="checkbox"/> Manual Stand pipe & hose <input type="checkbox"/> Other:	Internal Fire Alarms <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other:
External Security: <input type="checkbox"/> Area completely fenced <input type="checkbox"/> Watchmen services 24 hour <input type="checkbox"/> Nighttime only <input type="checkbox"/> <input type="checkbox"/> Floodlights <input type="checkbox"/> Guard dogs <input type="checkbox"/> Other:	Internal Security: <input type="checkbox"/> Local alarm <input type="checkbox"/> Central alarm <input type="checkbox"/> Monitoring alarm Protects: <input type="checkbox"/> Premises <input type="checkbox"/> Vault <input type="checkbox"/> Safe	Other security: <input type="checkbox"/> Bars on windows <input type="checkbox"/> Steel door <input type="checkbox"/> Other: