

# PORT AUTHORITY QUESTIONNAIRE

## GENERAL INFORMATION AND OPERATIONS

1. Named Insured:	
2. Name and full address: <i>including post code or zip code and latitude and longitude of Port Authority and other port locations to be insured.</i>	
3. <b>TYPE OF PORT:</b>	
a) Are you a landlord port?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) or an operational port?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you are both a landlord and an operational port, please provide the percentage split based on revenue:</i>	
(i) percentage of revenue as a landlord:	
(ii) percentage of operational revenue:	

*For any **Cargo Handling** operations performed by you please complete the relevant parts of the Terminal Operators /other Operations Questionnaire.*

## FACILITIES AND SERVICES

4. **FACILITIES:** *(Please enter the number of facilities available, if none enter X)*

a) Container terminals	
b) Ro-Ro terminals	
c) Container Depots	
d) Warehouses	
e) Temperature Controlled Warehouse	
f) Breakbulk/General cargo terminals	
g) Grain Terminals	
h) Dry Bulk Terminals	
i) Gas terminals	
j) Oil terminals	
k) Passenger Terminals	
l) Dry docks	
m) Ship repair	
n) Yacht marina	
o) Other (please specify):	

5. **SERVICES:** *(Please check services performed as appropriate)*

SERVICE TYPE	PERFORMED BY YOU	PERFORMED BY SUBCONTRACTOR	NOT PROVIDED
a) Stevedoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Marine terminal operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Navigational information and aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Marine traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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e) Maintained water depths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Buoys and lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Pilotage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Helicopter landing sites/airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Temperature Controlled Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Dredging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Tugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Salvage / ship removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Bunkering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Dumpsites / landfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Advice to other operators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Security (e.g. Police)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Emergency (e.g. Fire Services);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you provide any other facilities / services e.g. carparks, shops, oil rig facilities etc.? <i>If yes please give details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. Please **attach** a copy of your latest annual report/handbook and a map of the port, its boundaries and confines.

## CONTRACTS/INDEMNITIES

### Contracts with Customers (for example shipping lines)

8. Do you have any of the following contracts? And if so please indicate the extent of any liability and/or indemnities:

	Limited liability iro negligence	Unlimited liability iro negligence	No liability	Other <i>(Please specify)</i>
a) No contracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
b) Standard contracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
c) Individual user agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
d) Port tariff/act/bylaws?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

### Other Contracts/Leases/licenses:

9. Do your leases / licenses contain indemnities in your favour?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do these contracts/leases/licenses have indemnities covering your own negligence?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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11. Have you given any indemnities to another party under any agreement? <i>If yes, please give details.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Tenants and/or Subcontractors**

12. Is there a requirement in your Contract with tenants and/or subcontractors that they have adequate liability and property insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. If yes, what is the minimum limit that you require?	\$ _____
14. Do you check annually that all tenants and/or subcontractors maintain and renew their insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note:** *There is a policy requirement that your Tenants and Subcontractors purchase and maintain adequate liability and property insurance.*

15. <b>VOLUMES</b> <i>(Please advise annual throughputs broken down into TEU's handled, breakbulk and bulk (in tonnes), cars (as units or tonnes) and any other cargoes.)</i>			
	Last Year	This Year	Estimated Next Year
a) TEUs			
b) Breakbulk (tonnes)			
c) Dry bulk (tonnes)			
d) Wet bulk (tonnes)			
e) Cars			
f) Other e.g. passengers <i>(please specify)</i>			
16. What is your annual revenue?			
17. What % of revenue is derived from cargo handling?			
18. How many vessel calls per annum? <i>Please provide figures broken down into size of vessel:</i>			
a) Up to 5,000 GRT			
b) 5,000 - 15,000 GRT			
c) Over 15,000 GRT			

## 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).*

19. Are your declared values based on:	
a) New replacement value?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Market value?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Depreciated (book) value?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Please provide your estimated Maximum Possible Loss.	\$ _____



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## PROPERTY

21. Please provide a summary of property values broken down as follows:

Property	Sum Insured in USD
a) Wharves & quays	
b) Buildings	
c) Warehouses/storage facilities	

22. Please also **attach a full schedule** with description, values, age, location

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

24. Please itemize separately (together with location) any property outside the confines of the port;

25. Please also **attach a full schedule** with description, values, age, location

26. Please provide your estimated Maximum Possible Loss.

\$

27. **HULL and P & I:** (Please **attach a vessel schedule** with name, type, use, age, GRT, value and horse power (for tugs), plus number of crew).

## BUSINESS INTERRUPTION

	Last Year	This Year	Estimated Next Year
28. What is your applicable annual revenue?			
29. Do you require cover for increased cost of working;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
30. or loss of revenue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
31. What cover is required?			
a) physical loss/damage of handling equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) physical loss/damage to property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) or port blockage of Operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
32. If port blockage is required, do you require cover for			
a) blockage of berths	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) approach channels and locks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) or land entrances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
33. Is your electricity supply generated: (please tick ✓ the relevant box)	by yourself <input type="checkbox"/> or through external means? <input type="checkbox"/>		
34. Do you have a back up / emergency generator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
35. Are there alternative/reserve equipment/ means of access available to mitigate any claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If yes, please give details.</i>			

36. Please **attach a map** of the port to illustrate your answer.



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## LOSS PREVENTION / RISK MANAGEMENT

Please attach details of:

37. Please attach details of:		
a) pollution control/environmental impairment control, and		
b) risk control / loss control management, and		
c) property and equipment maintenance and staff training programs.		
d) Security precautions (including):		
(i) 24 hour security guards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) All buildings/perimeter fences/gates alarmed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Close Circuit TV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv) Continual documentation security checks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v) Other? Please attach details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Independent surveys of facilities / equipment during the last twelve months.		
f) Are there any revisions to the loss prevention / risk management measures in <b>a) to e)</b> above envisaged / planned during the policy period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please **attach** details.

## CLAIMS HISTORY

Please **attach** full 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.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:**

This questionnaire is to be completed and signed by the Assured and will form part of the Port Authority 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.

**ASSURED TO NOTE:**

The construction of this policy shall be governed by English law and practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained in the policy.



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