

## Terminal Operations Questionnaire

A) General Information	
1.a	Name and address of terminal operator:
1.b	Website address
1.c	Other addresses/locations:
2	Years of formation:
	Please provide latest Report/Accounts and any brochure describing services provided
3. Number of Employees:	Full Time
	Part Time
	Directors/Officers/Partners

B) Infrastructure: Please indicate which of the following you operate from your terminal	
Berths	Number -
	Total Lengths -
Warehouses	Number of dry -
	Number of Reefer -
	Warehouse specifications -
	Area m2 -
	Maximum value stored -
	Average value stored -
	Construction of wall -
	Construction of roof -
	Sprinkler system operating -
	Fire detection -
	Fire Prevention -
	CCTV -
	24 hour security -
Inland Clearance Depot	Number -
	Area m2 -
	Fenced perimeter -
	Permanently manned entry/exit -
	CCTV -
	24hr Security -
Container Repair Facility	Number -
	Stand Alone Area -
	Percentage of Non-Marine Work -
	Hot Work Procedures -
Offices/Admin Buildings	Construction of Walls -
	Construction of Roof -
	Sprinkle system operating -
	Fire detection methods -
	Fire prevention methods -
	24hour security -

Other (Please give full details):

**C) Services**

Types of operation performed:-

Please enter Y = Yes, supplied by you  
S = Subcontracted out to a third party

<input type="checkbox"/>	Stevedoring	<input type="checkbox"/>	Local collection and delivery
<input type="checkbox"/>	Marine terminal operator	<input type="checkbox"/>	Depot operator for leasing companies
<input type="checkbox"/>	Container/trailer freight station	<input type="checkbox"/>	Equipment repair/refurbishment
<input type="checkbox"/>	Container/trailer storage/repair depot	<input type="checkbox"/>	Waste disposal
<input type="checkbox"/>	Inland Clearance depot	<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)		

Any other services subcontracted out? Yes (Please specify which)  No

**D) Contracts with Customers**

• Contracts with Customers: (please tick the relevant box, and give comment if necessary):

i) No Contracts

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Standard contracts

Individual user agreements

Port tariff/act/bylaws

ii) Under these contracts there is:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Limited liability in respect of negligence

Unlimited liability in respect of negligence

No liability

Other (please specify)

• Other Contracts:

i) Does the Terminal indemnify another person for their negligence under any agreement (e.g. for equipment, land or buildings)?

Yes  No If yes, please give details separately.

ii) Has/does the Insured waive rights of recourse against another person?

Yes  No If yes, please give details separately.

4) **Volumes:** Please advise annual throughputs broken down into TEU's handled, breakbulk and bulk (in tonnes or barrels), cars (as units or tonnes) and other other cargoes.

	Last year	This Year	Next Year
<b>Cargo Types</b>			
Containers TEU			
Containers Reefer			
Containers Extrasize			
Breakbulk (tonnes)			
Dry Bulk (tonnes)			
Wet Bulk (tonnes/barrels)			
Cars			
Passengers			
Livestock			
Project Cargo			
Heavy Lift			
Other			

Please specify:

Types of cargoes etc. stored/handled.

Methods of handling liquid/bulk cargoes.

	Last Year	This Year	Estimated Next Year
What is Insured's annual revenue?			

How many vessels call per annum? Please provide figures broken down into size of vessel:

	Last Year	This Year	Estimated Next Year
Up to 5,000 G.R.T.			
5,000 - 15,000 G.R.T.			
Over 15,000 G.R.T.			

<p>(Are there any people with public influence in the Company Partners or the Board of Directors? (KNSK: President, Prime Minister, Minister, Deputy, Governor, District Governor, Ambassador, Consul, Political Party President, Mayor, General Staff, Provincial Police Chief, Undersecretary, etc.) Specify the person(s) and role(s), if any:</p>	<p><input type="checkbox"/> Yes/Evet      <input type="checkbox"/> No/Hayır</p>
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**5. Loss Prevention/Risk Management:** Please attach details of:

- a) Risk control/loss control management
- b) Pollution control/environmental impairment control
- c) Property and equipment maintenance and staff training programmes
- d) Security precautions (including):

24 hour security guards?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All buildings/perimeter fences/gates alarmed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Closed Circuit TV?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Continual documentations security checks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All buildings/perimeter fences/gates alarmed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other: Please <u>attach</u> details	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- e) Independent surveys of facilities/equipment during the last twelve months.
- f) Trading conditions.

**6) History**

Please attach full claims history (both paid and outstanding) for the last five (5) complete years net of any deductible.

**Additional Information**

Please set out below any other information relevant to the insurance, including limits and deductibles required.

**Declaration**

I/We declare and warrant that the answers and information given in this Questionnaire are complete, true and accurate to the best of our knowledge, information and belief. We have not misrepresented, omitted or failed to disclose any material facts that might influence GULF' assessment of the risk. It is understood that GULF' underwriters will rely upon the information and representations set forth above in determining the acceptability and rates and conditions of coverage. It is further understood that the completion of this Questionnaire does not bind me/us to accept this insurance or GULF to effect insurance on the risk but if terms are agreed this Questionnaire will form part of our insurance policy. It is further noted and understood that I/We am/are under a continuing obligation immediately to notify GULF of any material alteration to the nature, extent or size of the operation described herein. and that any material misrepresentation, omission or concealment of information herein will automatically void any insurance policy issued by GULF in reliance upon this Questionnaire.

**Signature**

**Representing Operating/Broker**

**Name**

**Position**

**Date**

