
PORT AUTHORITY PROPOSAL FORM



Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to underwriting@atlas-insurancecover.com.

NAME & ADDRESS: Please list the name and address of Port Authority, and enclose your latest annual financial report and port handbook.

LOCATION(S): Please list the address of your location(s), including the postal/ zip codes where applicable, and latitudes & longitudes and attach a map showing the outline and boundaries of the port(s).

TYPE OF PORT:

Are you a landlord port? Yes No or an operational port? Yes No

If you are both a landlord and operational port, please provide the percentage split based on revenue:-
percentage of revenue as a landlord: _____
percentage of operational revenue: _____

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

FACILITIES: Please enter the number of facilities available, if none enter :-

- | | |
|--|--|
| <input type="checkbox"/> Container Terminals | <input type="checkbox"/> Dry Bulk Terminals |
| <input type="checkbox"/> Ro-Ro Terminals | <input type="checkbox"/> Gas Terminals |
| <input type="checkbox"/> Container Depots | <input type="checkbox"/> Oil Terminals |
| <input type="checkbox"/> Warehouses | <input type="checkbox"/> Passenger Terminals |
| <input type="checkbox"/> Temperature Controlled Warehouse | <input type="checkbox"/> Dry docks |
| <input type="checkbox"/> Breakbulk/General Cargo Terminals | <input type="checkbox"/> Ship Repair |
| <input type="checkbox"/> Grain Terminals | <input type="checkbox"/> Yacht Marina |
| <input type="checkbox"/> Other (please specify) | |

SERVICES: Services provided by you, please answer "Y" performed by you, "S" performed by your subcontractor and "N" not provided:-

- | | |
|---|---|
| <input type="checkbox"/> Stevedoring; | <input type="checkbox"/> Dredging; |
| <input type="checkbox"/> Marine terminal operator | <input type="checkbox"/> Tugs |
| <input type="checkbox"/> Navigational information and aids | <input type="checkbox"/> Salvage / ship removal |
| <input type="checkbox"/> Marine traffic control | <input type="checkbox"/> Bunkering |
| <input type="checkbox"/> Maintained water depths | <input type="checkbox"/> Dumpsites / landfill |
| <input type="checkbox"/> Buoys and lighting | <input type="checkbox"/> Waste disposal |
| <input type="checkbox"/> Pilotage | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Helicopter landing sites/airport | <input type="checkbox"/> Advice to other operators |
| <input type="checkbox"/> Warehousing; | <input type="checkbox"/> Security (e.g. Police) |
| <input type="checkbox"/> Temperature Controlled Warehousing | <input type="checkbox"/> Emergency (e.g. Fire Services) |
| <input type="checkbox"/> Other (please specify) | |

Do you provide any other facilities / services e.g. car parks, shops, oil rig supply facilities etc.? If Yes, please give details:

SERVICES - WAREHOUSING

Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerised cargo) either as a landlord or as an operator:

What is your responsibility for the cargo stored?

- No Responsibility Yes No
*(if YES, please move on to **CONTRACTS/INDEMNITIES**)*
- Responsibility as a landlord only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? Yes No
- Responsibility for care, custody and control of all cargo, but no responsibility for force majeure? Yes No
- Responsibility for care, custody and control of all cargo, including responsibility for force majeure? Yes No

Please provide estimated maximum value of goods stored at any one time: USD _____

What % of your total revenue is generated by warehousing operations? _____%

Do all warehouses have sprinklers and fire detection systems? Yes No
 If NO, please attach details of your fire detection measures.

Is there a fire main throughout the site? Yes No

Is there an emergency fire pump or suitable reserve power supply to ensure there is firefighting water at all times? Yes No

CONTRACTS/INDEMNITIES

Contracts with Customers (for example shipping lines):

Do you have any of the following contracts? And if so, please indicate the extent of Liability for your negligence (please tick ✓ the relevant box):-

| | Limited Liability iro negligence | Unlimited Liability iro negligence | No Liability | Other |
|---|---|---|---|---|
| No Contracts? <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Standard Contracts ? <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Individual user agreements? <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Port tariff/act/bylaws? <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

If "Other" is ticked please give details.

Other Contracts/Leases/licenses:

Do your leases / licences contain indemnities in your favour?

Yes No

Do these contracts/leases/licenses have indemnities covering your own negligence?

Yes No

Have you given any indemnities to an other party under any agreement?

Yes No

If yes, please give details.

Tenants and/or Subcontractors:

Is there a requirement in your Contract with tenants and/or subcontractors that they have adequate liability and property insurance?

Yes No

If yes, what is the minimum limit that you require?

USD _____

Do you check annually that all tenants and/or subcontractors maintain and renew their insurance?

Yes No *Note: There is a policy requirement that your Tenants and Subcontractors***VOLUMES** - Please advise Cargo throughputs per Policy Year:

| | Last Year | Current Year | Next Year Estimate |
|------------------------|-----------|--------------|--------------------|
| TEUs | | | |
| Break Bulk (tonnes) | | | |
| Dry Bulk (tonnes) | | | |
| Wet Bulk (tonnes) | | | |
| Autos | | | |
| Passengers | | | |
| Others (specify below) | | | |

What is your Annual Revenue?

| Last Year | Current Year | Next Year Estimate |
|-----------|--------------|--------------------|
| | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

What % of Revenue is derived from cargo handling?

| Last Year | Current Year | Next Year Estimate |
|-----------|--------------|--------------------|
| | | |

How many vessel calls per annum? Please provide figures broken down into size of vessel.

| | Last Year | Current Year | Next Year Estimate |
|--------------------|-----------|--------------|--------------------|
| Up to 5,000 GT | | | |
| 5,000 to 15,000 GT | | | |
| Over 15,000 GT | | | |

PROPERTY

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

| | Sum Insured USD |
|------------------------------|-----------------|
| Wharves, Quays and Jetties | |
| Buildings | |
| Warehouse/Storage Facilities | |

Please also attached **a full schedule** with description, values, age, location including details of construction and details of fire extinguishing appliances/ sprinklers;

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

Please itemise separately (together with location) any property outside the confines of the port.

Please provide your estimated Maximum Possible Loss. USD_____

HANDLING 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.

Are your declared values based on:-

New replacement value? Yes No

Market value? Yes No

Depreciated (book) value? Yes No

Please provide your estimated Maximum Possible Loss. USD_____

HULL and P & I

Please attach a vessel schedule with Name, Value, Type, Age, GRT, use, and number of crew, plus horse power (for tugs).

BUSINESS INTERRUPTION

What is your applicable annual revenue?

| Last Year | Current Year | Next Year Estimate |
|-----------|--------------|--------------------|
| | | |

Do you require cover for increased cost of working?
And loss of revenue?

Yes No
Yes No

What cover is required?

physical loss/damage of handling equipment?

Yes No

physical loss/damage to property?

Yes No

and port blockage of Operations?

Yes No

If port blockage is required, do you require cover for:-

blockage of berths;

Yes No

approach channels and locks;

Yes No

and land entrances?

Yes No

Is your electricity supply generated by yourself?
or through external means?
(please tick ✓ the relevant box)

Do you have a backup / emergency generator?

Yes No

Are there alternative/reserve equipment/ means of access available to mitigate any claim?

Yes No

If yes, please give details.

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

LOSS PREVENTION / RISK MANAGEMENT

Please **attach details** of:

- Your risk control / loss control management,
- pollution control/environmental impairment control,
- property and equipment maintenance and staff training programmes,
- all fire detection and fire fighting equipment and its condition, include equipment in buildings, warehouses and on cargo handling equipment, particularly grain and coal conveyors and other equipment, susceptible to fire/explosion;

e) Security precautions (including):
24 hour security guards?

Yes No

All buildings/perimeter fences/gates alarmed? Yes No
Close Circuit TV? Yes No
Continual documentation security checks? Yes No
Other? Please **attach** details Yes No

- f) Independent surveys of facilities / equipment during the last twelve months. If you do not have a recent satisfactory survey, it will be a subjectivity of your quote that a survey be performed at your expense, unless otherwise agreed.

Are there any revisions to the loss prevention / risk management measures in a) to f) above envisaged / planned during the policy period? Yes No

If yes, please attach details.

- g) International Ship & Port Facility Security Code compliant. Yes No

If no, please advise status of application.

CLAIMS HISTORY

Please **attach** separate Liabilities, Physical Damage and Hull claims histories (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.

Declaration and Signature

We declare that the information and answers given in this form are true to the best of our knowledge and believe we have not misstated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to immediately advise insurers. We also understand that completion of this form does not bind insurers or confirm our acceptance of this Insurance but, if terms are agreed, it will form part of the Insurance contract. By completing this proposal form we confirm that any business we conduct with A.T.L.A.S. is in accordance with all relevant money laundering, anti-financial crime and international economic or financial sanctions legislations.

Name: _____

Signed: _____

Position: _____

Date: _____