

Terminal Operators' Questionnaire Form

Name of Assured:

Contact Name Address

Telephone Fax

E-mail website

Company Information

Year Formed total number of employees:

Please provide an overview of the principle business activities of your organization:

Operational Information

Please provide details of the terminal to be insured.

For any additional terminals, please fill in separate questionnaires as required :

Name	Location
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Please provide details of the services you provide (or are provided by sub-contractors) at the location listed above:

	Own	Sub-Contracted
Stevedoring (Marine)	<input type="text"/>	<input type="text"/>
Storage of Cargo/Equipment	<input type="text"/>	<input type="text"/>
Distribution, Collection, Release of Cargo	<input type="text"/>	<input type="text"/>
Shore-based "Terminal Operation"	<input type="text"/>	<input type="text"/>
Maintenance / Repair Facilities	<input type="text"/>	<input type="text"/>
Information Services	<input type="text"/>	<input type="text"/>
Repair/Maintenance of Containers and Related	<input type="text"/>	<input type="text"/>
Equipment	<input type="text"/>	<input type="text"/>
Safety and Security	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>

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Please provide details of how you contract and the type of the liability you assume with customers and other users of the terminal:

	No Contracts	Limited Liability	Unlimited Liability	Port Bye Law
Customer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other users	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the above table does not clearly how you contract or assume liability, please provide further details:

Have you provided any indemnities or waived of recourse against any parties? YES NO

Party	Duty	Details of Indemnity / Waiver

Please Provide the annual throughput of cargoes handled :

	Last Year	Current Year	Next 12 months
Containers (TEUs)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Break-bulk (tons)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liquid Bulk (tons)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cars	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the following financial information:

	Last Year	Current Year	Next 12 months
Annual Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wages / Salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide an estimate of the number of vessels handled by you during the last 12 months:

TYPE	Location
Container Vessels	<input type="text"/>
RO/RO	<input type="text"/>
General Vessel	<input type="text"/>
Tankers	<input type="text"/>
Bulk Carriers	<input type="text"/>
Others (please specify)	<input type="text"/>
Others (please specify)	<input type="text"/>

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Please provide an estimate size of vessels handled during the last 12 months :

Size	Number
Up to 1,999 GRT	
2,000 to 4,999 GRT	
5,000 to 9,999 GRT	
10,000 to 15,000 GRT	
Over 15,000 GRT	

Please provide details of your insurers and brokers over the last three (3) years :

Year	Broker	Insurer
Current		
Current minus one		
Current minus two		
Current minus three		

Please provide details of paid and outstanding for the last four (4) years:

Year	Paid	Outstanding	Total
Current year			
Current minus one year			
Current minus two years			
Current minus three years			

Please provide details of any claim that has exceeded, or is likely to exceed, USD 25,000 or, which accounts for more than 25% of the total claims in any one year.

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Please confirm the deductibles that were applicable over the last four years:

Year	Deductible
Current year	
Current minus one year	
Current minus two years	
Current minus three years	

What deductible and limit do you require?

Deductible	Limit

Other Information

Please provide any further information that may be material to the insurers:

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ERGON NAVAL ENGINEERING PROJECTS-IOANNIS DIMAKOS OFFICE

TO: WORLD INSURANCE ASISTENT BROKER DE ASIGURARE S.R.L.

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