



PROPOSAL FORM:

PORT/TERMINAL OPERATOR'S / STEVEDORING LIABILITY

Name of Proposer			
Proposer Address			
Website Address		Inception Date	
Years of Formation		Expiry Date	
Number of Employees		Full Time	Part Time
		Directors / Officers / Partners	
Limit of Liability	RM		

* Please provide latest **Report/Account** and any **brochure** describing services provided.

INFRASTRUCTURE				
<i>Please indicate which of the following you operate from your terminal</i>				
Berths	Number		Total Length	
Warehouses	Number of dry		Number of reefer	
Warehouse specifications	Area m2		Construction of roof	
	Maximum value stored		Sprinkler system operating	
	Average value stored		Fire detection	
	Construction of wall		Fire Prevention	
	CCTV		24 hour security	
Inland Clearance Depot	Number		Fenced perimeter	
	Area m2		Permanently manned entry/exit	
	CCTV		24 hour security	
Container Repair Facility	Number		% of Non-Marine Work	
	Stand Alone Area		Hot Work Procedures	
Offices / Admin Buildings	Construction of Walls		Construction of Roofs	
	Sprinkle system operating		Fire detection methods	
	Fire prevention methods		24hour security	
Others				

SERVICES			
<i>Type of operation performed</i>			
	Stevedoring		Local collection and delivery
	Marine terminal operator		Depot operator for leasing companies
	Container / trailer freight station		Equipment repair/refurbishment
	Container / trailer storage / repair depot		Waste disposal
	Inland clearance depot		Advice to other operators
	Airfreight terminal / depot		Operating a chassis pool
	Warehousing		Security (e.g. Police)
	Emergency (e.g. Fire)		Bunkering
	Other (<i>please specify and give details</i>)		
Any other services subcontracted out?			Yes
<i>If Yes, please provide details</i>			No

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

CONTRACTS WITH CUSTOMERS			
Contracts with Customers: (please tick the relevant box, and give comment if necessary)			
No contracts		Yes	No
Standard contracts		Yes	No
Individual user agreements		Yes	No
Port tariff / act / bylaws		Yes	No
Under these contracts there is :			
Limited liability in respect of negligence		Yes	No
Unlimited liability in respect of negligence		Yes	No
No liability		Yes	No
Other (please specify)		Yes	No
Other Contracts :			
Does the Terminal indemnify another person for their negligence under any agreement (e.g. for equipment, land or buildings)?		Yes	No
Has/does the Insured waive rights of recourse against another person?		Yes	No

VOLUMES			
<i>Please advise annual throughputs broken down into TEU's handled, breakbulk and bulk (in tonnes or barrels), cars (as units or tonnes) and other cargo</i>			
Cargo Types	Last Year	This Year	Next Year
Containers TEU			
Containers Reefer			
Containers Extra-size			
Break Bulk (tonnes)			
Dry Bulk (tonnes)			

Cargo Types	Last Year	This Year	Next Year
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	Next Year
Annual Revenue			
How many vessels call per annum :			
Please provide figures broken down into size of vessel:			
Up to 5,000 G.R.T.			
5,000 – 15,000 G.R.T.			
Over 15,000 G.R.T.			

LOSS PREVENTION/RISK MANAGEMENT			
Please attach details of :			
i) Risk control/loss control management			
ii) Pollution control/environmental impairment control			
iii) Property and equipment maintenance and staff training programmes			
Security precautions (including) :			
24 hour security guards?		Yes	No
All buildings/perimeter fences/gates alarmed		Yes	No
Closed Circuit TV?		Yes	No
Continual documentations security checks?		Yes	No
All buildings/perimeter fences/gates alarmed?		Yes	No
Other: Please attach details			
Independent surveys of facilities/equipment during the last twelve months		Yes	No
Trading conditions.		Yes	No

HISTORY

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

ADDITIONAL INFORMATION

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

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, misrepresented or misstated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Applicant Signature

and Company Stamp

Producer Name

Name

Contact No.

Date

Date

Financial Services Act (FSA) 2013

The **Insured** must take reasonable care to ensure that all the answers to the proposal form questions are complete, correct, honest and to the best of **Insured's** knowledge. The **Insured** also have a duty to inform the **Insurer** of any change in the information given to **Insurer** earlier before the **Insurer** issue the policy schedule, before **Insured** renew or change any of the terms of the policy. If **Insured's** does not, the **Insurer** may:-

- (i) declare **Insured's** policy void from inception (which means treating it as invalid) and the **Insurer** may not return the premium or recover any unpaid premium; or
- (ii) cancel this policy and return any premium less the **Insurer's** cancellation charge or recover any unpaid premium; or
- (iii) recover any shortfall in premium; or
- (iv) not pay any **Claim** that has been or will be made under the policy; or
- (v) be entitled to recover from the **Insured** the total amount of any **Claim** already paid under the policy or any **Claim** the **Insurer** have to pay under any relevant legislation, plus any recovery costs.