



ACE USA, INC.

OCEAN MARINE INSURANCE TERMINAL OPERATOR'S/STEVEDORE'S/WHARFINGER'S LEGAL LIABILITY APPLICATION

140 Broadway, 40th Floor
New York, NY 10005
Telephone: (646) 458 - 7000
FAX: (646) 458 - 6826

Please complete full application for each facility owned or operated by Applicant & answer each applicable section, explaining ALL 'Yes' responses:

I. Name and Address of Applicant and all affiliated companies, domestic and foreign:

II. Exact Location of Facility:

III. Number of Years in Business under present management: _____

IV. How long has the Applicant been at this Location: _____

V. Does Applicant Own or Lease Facility?

If 'Leased', please advise Owner. _____

VI. Number of Employees: Full Time _____ Part Time _____

VII. Please attach brief information about the number of years' Terminalling/Stevedoring experience of principals and senior operation personnel.

VIII. ANNUAL GROSS RECEIPTS:

Year	Terminal Operations	Stevedore's Operations	Wharfinger's Operations	Total Gross Receipts (All Operations)

IX. ANNUAL PAYROLL:

Year	Terminal Operations	Stevedore's Operations	Wharfinger's Operations	Annual Payroll (All Operations)

X. ANNUAL TONNAGE/THROUGHPUT:

Year	Annual Tonnage	Annual Throughput (In Barrels)	Other (Specify)

XI. ADJACENT EXPOSURES:

A) Distances to Adjacent Docks and Major Waterway Constructions/Obstructions:

	Docks	Fleeting Locations	Bridges	Locks	Dams	Other (Specify)
Upstream						
Downstream						

B) Distances to Major Shoreside Constructions/Obstructions:

	Chemical Plants	Refineries	Ferry Landings			Other (Specify)
Upstream						
Downstream						

XII. MARITIME HAZARDS:

- A) Tidal Range _____ Mean Water Depth _____ Speed of Current _____
- B) Frequency and Severity of Flooding/High Water: _____
- C) Breadth of River/Channel at Location: _____
- D) Describe fully, the nature and extent of all Waterborne Traffic passing the Facility:

XIII. TERMINAL OPERATIONS:

A) Provide a description and diagram of the physical layout of the terminalling operations, including major pipelines, tanks, dock facilities, as well as major waterway and shoreside constructions:

B) Please provide percentage(s) of freight handled: Domestic _____ International _____

C) Are any business activities other than handling and storing Cargoes performed at the terminal?
 Yes or No If 'Yes', please describe:

D) Does Applicant perform any Blending of Product(s)? Yes or No If 'Yes', please provide details, including amounts and types of Blending.

E) Does Applicant's operations involve lifting and/or moving vessels using cranes, hoists, etc.?

Yes or No If 'Yes', please explain: _____

1. How Many Times a Year _____

2. Lifting Capacity of Each Crane _____

XIV. DOCKING ACTIVITY:

A) Type of Vessel(s) using Facility (i.e. Tug/Barge Combo, Container, Ocean Vessel, Passenger, etc.):

Type of Vessel	Ave. Value (Tonnage)	Max. Value (Tonnage)	Ave. Length (In Feet)	Max. Length (In Feet)

B) How are Vessel/Barge movements accomplished and by whom are the vessels moved?

C) Is vessel movements subject to Coast Guard regulations? Yes or No If 'Yes', please explain:

D) How and by whom are Vessels/Barges secured at the facility?

E) Are vessels Fleeted or Kept-in-Waiting before or after being services at the facility?

F) Number of Berths Annually: _____

	No Vessels @ Facility @ One Time	Length of Stay of Vessel in Berth	Length of Stay of Vessel @ Facility
Average			
Maximum			

G) Vessels/Barges Serviced Annually:

	Ocean Vessels	Great Lakes	Barges	Other (Specify)
Tankers				
Dry Cargo				

H) Does Applicant require Certificate of Pollution Insurance from all Vessels/Barges calling at the facility?

Yes or No If 'Yes', please provide Limits: _____

XV. CARGO HANDLING OPERATIONS:

A) Describe the commodities handled and/or specialized in? (i.e. containerized, bulk, dry, autos, perishable, liquid, etc.). If black oils are handled, please identify type:

Type of Cargo	Packing of Cargo	Annual Tonnage/Volume	Percentage Owned

B) Is Applicant responsible for Stevedoring Operations? Yes or No If 'Yes', please give details of facilities and equipment used for loading/unloading operations:

1) Is Equipment Owned Leased Rented
If 'Leased' or 'Rented', who is the Operator? Applicant's or Owner's Employees.

2) Does Applicant operate any Shoreside Equipment? Yes or No
If 'Yes', please specify: _____

3) Is any lift-on, lift-off operation or handling of container shipments involved? Yes or No
If 'Yes', please specify: _____

C) Is any cargo stored on the premises? Yes or No If 'yes', please describe Applicant's responsibilities for cargo(es):

D) Value of cargoes stored monthly: Average _____ Maximum _____

E) Are any tank/liquid storage provided? Yes or No If 'Yes', please provide details of size, construction, age, number of tanks, etc.) Is Pollution Insurance required? Yes or No

F) Is Applicant responsible for or owner of any trucks, rail cars, or other vehicles which are in use on the premises? Yes or No If 'yes', please describe responsibility for such vehicles:

G) Does operations include Lighterage? Yes or No If 'yes', indicate percentage? _____

H) Is any truck or railcar loading done? Yes or No If 'yes', indicate percentage? _____

XVI. Does Applicant operate under any Written Contract(s)? Yes or No If 'Yes', do they include:

A) Any "Hold Harmless" clauses? Yes or No

B) Any provisions which Limits or Extends Assured's Liabilities imposed by law? Yes or No
If answer to (A) or (B) is 'Yes', please describe:

Please furnish copies of all Contracts with rates deleted.

XVII. SAFETY/SECURITY

A) Describe nature and extent of any fire protection available at the facility, including distances to municipal, county, or other fire department stations, as well as distances to public fire hydrants. Indicate A.I.A. fire protection rating for the area:

B) If Liquid Terminal, please advise Dyking features, including capacities:

C) Are all Tank Vessels/Barges boomed during Loading/Offloading? Yes or No .

D) Describe Security at Facility: 24 hour Watchman Fully Fenced Floodlights

E) Describe other Security Features at the Facility: _____

F) Does Applicant have a Formal Safety Program in effect? Yes or No If 'Yes', please describe and/or attach a copy.

XVIII. LOSS HISTORY: (Please provide hard copy loss runs, if available.)

Date of Loss	Claimant	Paid Claims	Outstanding Claims	Description of Loss/Comments

XIX. INSURANCE DETAILS:

A) Limit of Liability Requested: _____

B) Current Deductible: _____

C) Current Carrier: _____

D) Current Broker: _____

E) Attachment Date: _____

XX. Is there other insurance currently written by or submitted to ACE? Yes or No

If 'Yes', Please advise coverage, division & contact.

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

Broker/Agent's Signature

Applicant's Signature

Company Name/Branch

Title

Date

Date