



# Marine Services Liability Policy - Terminal Operators Legal Liability Application

## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all Applicants)

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

2. Producer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Producer Contact(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. Proposed Policy Term

Proposed Policy Term	From:	To:	Time: (Standard Time)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Is applicant a subsidiary of any other entity or does the applicant have any subsidiaries?  Yes  No  
 If "Yes" please describe: \_\_\_\_\_

5. Description of operations-nature of business for each Named Insured:  
 \_\_\_\_\_

6. How many years in business under the present management? \_\_\_\_\_  
 If less than 3 years please state previous management experience: \_\_\_\_\_

7. Please provide expiring C.G.L./Terminal Operators Policy Details for last 3 years:

Period	Carrier	Type of Policy	Limit	Deductible	100% Annual Premium
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

8. All monetary values in this questionnaire are:  CAD  USD

9. Was any policy/coverage declined, cancelled or non-renewed?  Yes  No  
 If "Yes" please explain: \_\_\_\_\_

10. Sub-Contractors/leased workers: (explain all "Yes" responses):

a. Is any of the applicant's work subcontracted out?  Yes  No  
 b. What % of work or revenue is subcontracted out? \_\_\_\_\_% \$ \_\_\_\_\_

- c. Under whose direction & control do subcontractors work? \_\_\_\_\_
- d. What is the nature of the work subcontracted out? \_\_\_\_\_
- e. Are certificates of insurance obtained from subcontractors?  Yes  No  
Do subcontractors carry coverages or limits less than yours?  Yes  No
- f. Provide details of contracts wherein you indemnify, hold harmless or release another party from liability.  
\_\_\_\_\_

11. # of full time staff: \_\_\_\_\_ # of part time staff: \_\_\_\_\_

12. (Please explain all responses to any of the below questions)

- a. Does the applicant manufacture, install, service or demonstrate any products?  Yes  No
- b. If yes to question "a" are these products intended for marine industry usage?  Yes  No

Explanation Area for all Responses:  
\_\_\_\_\_  
\_\_\_\_\_

13. Environmental

- a. Give details of storage tanks, number & size, contents, whether above or below ground & when last surveyed:  
\_\_\_\_\_
- b. Do operations involve storing, treating, disposing, or transporting hazardous materials?  Yes  No
- c. Are transporters, handlers, or disposal companies EPA certified & properly insured?  Yes  No
- d. Is there a formal safety program in operation?  Yes  No
- e. Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?  Yes  No

If "Yes" describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

- f. List all claims made against you during the past 5 years for clean-up or response action, "Toxic Tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from locations owned or operated by you, into the environment. Provide a brief description of all such claims. If none, state "none":  
\_\_\_\_\_  
\_\_\_\_\_

- g. Do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollutants into the environment?  Yes  No

If "Yes" describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

## 14. General Information

Explain all "Yes" responses (for all past or present operations)

- a. Do you own/rent/operate any parking facilities?  Yes  No  
 If "Yes" to above, is a fee charged for parking?  Yes  No
- b. Is snow removal sub contracted to a third party?  Yes  No
- c. Is proof of insurance obtained reflecting cover to the same limit being requested?  Yes  No
- d. Do you own any vacant land?  Yes  No
- e. Are there any residential dwellings on your premises?  Yes  No
- f. Is there any exposure to radioactive/nuclear materials?  Yes  No
- g. Are there any structural alterations contemplated?  Yes  No
- h. Are there any demolition operations contemplated?  Yes  No
- i. Do you perform any blasting or use explosives?  Yes  No
- j. Have there been any operations sold, acquired or, discontinued in last 5 years?  Yes  No

If yes, please list the products and/or operations involved \_\_\_\_\_

- k. Has the applicant been active in or is currently active in joint ventures?  Yes  No
- l. Is the applicant a non-subscriber to any State, Provincial and/or Federal workers compensation statutes?  Yes  No
- m. Has the applicant or any predecessor company filed for bankruptcy protection in the last 5 years?  Yes  No
- n. Do you loan or rent any machinery or equipment to others?  Yes  No
- o. Does the applicant use any mobile equipment?  Yes  No
- p. Do you own hire or lease any docks or floats?  Yes  No
- q. Does the applicant own, operate, lease, borrow or charter any watercraft?  Yes  No

If "Yes" are all watercraft in above separately covered by protection and indemnity insurance? (If "Yes" designate below the P&I coverage form used. If "No" explain below)

- r. Does the applicant employ or utilize the services of any commercial divers?  Yes  No
- s. Does the applicant draw plans, designs or specifications?  Yes  No
- t. Does the insured purchase E&O and D&O insurance?  Yes  No
- u. Does the applicant purchase coverage excess of this insurance? (If "Yes" designate below the total limits purchased).  Yes  No

- v. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage.  Yes  No

Explanation area for all "Yes" responses

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**II. TERMINAL OPERATORS LEGAL LIABILITY SECTION**

1. Structure of company (please indicate)

Please select one:  Individual  Corporation  Partnership  Joint Venture  Other

2. Location of operations: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Physical Layout of the terminal. Provide thorough description of the layout of the facility:

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5. Cargo handled: (If applicable, please specify the type of product handled, the tonnage or number handled):

A. Other than containerized	Type of Product	Tonnage	Number
_____	Dry Bulk	_____	_____
_____	Break Bulk	_____	_____
_____	Scrap Metals	_____	_____
_____	Steel	_____	_____
_____	Automobiles/Vehicles	_____	_____
_____	Passengers	_____	_____
<b>B. Containerized</b>			
_____	20' Containers	_____	_____
_____	40' Containers	_____	_____
_____	Other sizes (Specify):	_____	_____
<b>C.</b>			
_____	Other (Specify Type):	_____	_____

6. Warehouse(s) Description:

Construction	Is Building Sprinklered	Square Feet of Storage Space	Est. Average Value Stored at any One Time	Est. Maximum Valued Stored at any One Time
1 _____	<input type="radio"/> Yes <input type="radio"/> No	_____ SQ.FT.	\$ _____	\$ _____
2 _____	<input type="radio"/> Yes <input type="radio"/> No	_____ SQ.FT.	\$ _____	\$ _____
3 _____	<input type="radio"/> Yes <input type="radio"/> No	_____ SQ.FT.	\$ _____	\$ _____

7. Outside Storage if applicable, please specify the type of product, tonnage, and number or value exposed at any onetime. If none, state "none".

- a. Containers: \_\_\_\_\_
- b. Automobiles and Vehicles: \_\_\_\_\_
- c. Scrap Metal: \_\_\_\_\_
- d. Bulk Cargo (Identify): \_\_\_\_\_
- e. Other (Identify): \_\_\_\_\_

8. Does the Insured accept goods purely for storage purposes?  Yes  No

If yes, does the applicant have a standard storage contract in place?  Yes  No

If 'yes' above, please provide details:

\_\_\_\_\_

If 'no' above, explain under what terms the product is stored:

\_\_\_\_\_

9. Owned or Leased Terminals:

Does the applicant operate at owned or leased terminals?  Yes  No

If "Yes" list the terminal locations and indicate owned or leased:

- a. Location: \_\_\_\_\_  Owned  Leased
- b. Location: \_\_\_\_\_  Owned  Leased
- c. Location: \_\_\_\_\_  Owned  Leased
- d. Location: \_\_\_\_\_  Owned  Leased

10. Cargo Handling Equipment:

Does applicant use ship or dock gear?  Ship  Dock

If dock gear, identify type of gear and whether it is owned, leased, or rented. Indicate who provides the equipment and what the contractual obligation are?

\_\_\_\_\_

## 11. Adjacent Exposures:

## a. Distances to adjacent docks:

a. Upstream: \_\_\_\_\_ b. Downstream: \_\_\_\_\_

## b. Distances to major waterway construction/obstructions (e.g. fleeting location, bridges, locks, dams, etc.):

a. Upstream: \_\_\_\_\_ b. Downstream: \_\_\_\_\_

## c. Distances to major shore side constructions/obstructions (e.g. chemical plants, ferry landings, etc.):

a. Upstream: \_\_\_\_\_ b. Downstream: \_\_\_\_\_

## 12. Maritime Hazards:

a. Tidal Range: \_\_\_\_\_

b. Mean Water Depth: \_\_\_\_\_

c. Speed of Current: \_\_\_\_\_

d. Frequency and severity of flooding/high water: \_\_\_\_\_

e. Breadth of river/channel at location: \_\_\_\_\_

## 13. Docking/Operations:

a. How and by whom are vessels secured at the facility? \_\_\_\_\_

## 14. Docking facilities:

a. Number of berths: \_\_\_\_\_

b. Number of vessels at facility at any on time: Max: \_\_\_\_\_ Avg.: \_\_\_\_\_

c. Length of stay of vessel in berth: Max: \_\_\_\_\_ Avg.: \_\_\_\_\_

## 15. General (Operations) – Does the applicant:

a. Stuff and/or unstuff containers?  Yes  Nob. Provide consolidation or deconsolidation services?  Yes  Noc. Provide warehouse distribution services and/or facilities?  Yes  Nod. Repair, clean and/or store containers and/or reefers and/or chassis?  Yes  Noe. Issue warehouse receipts and/or provide long term storage?  Yes  Nof. Provide temperature controlled warehouse facilities?  Yes  No

g. Other Services, please (identify)?  Yes  No

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Explain all "Yes" responses

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16. (Please indicate) Method of Transportation (Percent of total tonnage handled):

	By Vessel	By Rail	By Truck	By Other
Incoming	_____ %	_____ %	_____ %	_____ %
Outgoing:	_____ %	_____ %	_____ %	_____ %

17. Fire Protection:

a. Public Fire Dept?  Paid  Volunteer How far distant: \_\_\_\_\_ KM

b. How many public fire hydrants: \_\_\_\_\_

c. Are building sprinklered?  Yes  No

d. Are any other fire protection measures taken?  Yes  No

If "Yes" please describe:

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18. Security:

a. Is a watchman employed?  Yes  No

No. Employed: \_\_\_\_\_ No. each shift: \_\_\_\_\_ On Duty 24 hours:  Yes  No

b. Is the location fenced with a guard at the gate at all time when operating?  Yes  No

c. Is the facility lighted?  Yes  No

d. Does the yard have a security alarm fitted?  Yes  No

e. Are any other security measures taken?  Yes  No

If "Yes" please describe:

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19. Gross receipts (last 3 years plus current):

\$ \_\_\_\_\_ 20 \_\_\_\_\_

\$ \_\_\_\_\_ 20 \_\_\_\_\_

\$ \_\_\_\_\_ 20 \_\_\_\_\_

\$ \_\_\_\_\_ Estimated for current year: \_\_\_\_\_

20. Please complete the detailed loss history attachment on page 10.

21. Date Quote is Needed By: \_\_\_\_\_

Limit Desired: \_\_\_\_\_ Deductible Desired: \_\_\_\_\_

Excess Required: \_\_\_\_\_ If "Yes", What Limit: \$ \_\_\_\_\_

Please use this for additional informaiton:

**DETAIL LOSS HISTORY:**

(FIVE YEARS PLUS CURRENT YEAR – IF NO LOSSES FOR ANY GIVEN YEAR STATE “NO LOSSES”)

Policy Year	Date of Loss	Claimant	Nature & Description of Loss	Open or Closed	Deductible	Loss & Expense Paid	Reserve O/S	Total Claim (Net Of D/A)
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

**FRAUD NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

**APPLICANT**

By: \_\_\_\_\_  
 Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company’s insurance business in Canada.

