



Terminal Operations 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: _____

All monetary values in this questionnaire are: CAD USD

2. Proposed Policy Term

From	To	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Structure of company (please indicate)

Please select one: Individual Corporation Partnership Joint Venture Other

4. Location of operations: _____

5. Address: _____

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

7. 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. Containerized	20' Containers	_____	_____
_____	40' Containers	_____	_____
_____	Other sizes (Specify):	_____	_____
C. _____	Other (Specify Type):	_____	_____

8. 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.	\$ _____	\$ _____

9. 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): _____

10. 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:

11. 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

12. 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?

13. 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: _____

14. 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: _____

15. Docking/Operations:

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

16. 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.: _____

17. 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 Nog. Other Services, please (identify)? Yes No

Explain all "Yes" responses

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

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

19. 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:

20. 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:

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

\$ _____ 20 _____

\$ _____ 20 _____

\$ _____ 20 _____

\$ _____ Estimated for current year: _____

22. Please complete the detailed loss history attachment on page 7.

23. 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.

