

Please complete all sections of this proposal.

Name:																																																																																	
		(First Name)										(Middle Name)										(Last Name)																																																											
Address:																																																																																	
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Telephone No.:												Fax No.:																				Website:																																																	
E-mail:																																																																																	
Port locations to be insured																																																																																	
Type of Port:		Are you a landlord port ?																				Yes <input type="checkbox"/> No <input type="checkbox"/>																				Or an operational Port ?																				Yes <input type="checkbox"/> No <input type="checkbox"/>																			

Percentage of revenue as a landlord Percentage of operational revenue

<input type="checkbox"/> Container terminals	<input type="checkbox"/> Dry Bulk Terminals	<input type="checkbox"/> Ro-Ro terminals	<input type="checkbox"/> Gas Terminals
<input type="checkbox"/> Container Depots	<input type="checkbox"/> Oil Terminals	<input type="checkbox"/> Warehouses	<input type="checkbox"/> Passenger Terminals
<input type="checkbox"/> Temperature Controlled Warehouse		<input type="checkbox"/> Dry Docks	<input type="checkbox"/> Break bulk/General Cargo Terminal
<input type="checkbox"/> Ship Repair	<input type="checkbox"/> Grain Terminals	<input type="checkbox"/> Yacht Marina	<input type="checkbox"/> Others (Please specify)

<input type="checkbox"/> Stevedoring	<input type="checkbox"/> Dredging	<input type="checkbox"/> Marine Terminal Operator	<input type="checkbox"/> Tugs
<input type="checkbox"/> Navigational information and aids	<input type="checkbox"/> Salvage / ship removal	<input type="checkbox"/> Marine Traffic Control	<input type="checkbox"/> Bunkering
<input type="checkbox"/> Maintained Water Depths	<input type="checkbox"/> Dumpsites / landfill	<input type="checkbox"/> Buoys and lighting	<input type="checkbox"/> Waste disposal
<input type="checkbox"/> Pilotage	<input type="checkbox"/> Diving	<input type="checkbox"/> Helicopter landing site / airport	<input type="checkbox"/> Advice to other operators
<input type="checkbox"/> Warehousing	<input type="checkbox"/> Security (e.g. Police)	<input type="checkbox"/> Temperature Controlled Warehousing	
<input type="checkbox"/> Emergency (e.g. Fire Services)	<input type="checkbox"/> Other (Please specify)		

If yes, please give details:-

	Limited Liability Iro negligence	Unlimited Liability Iro negligence	No Liability	Others Please Specify
No of Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual user Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tariff/Act/bye- laws	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give details. _____

c) Tenants and / or Sub-contractors:

Is there a requirement in your Contract with tenants and/or sub-contractors that they have adequate liability and property insurance? ☐ Yes ☐ No

If yes, what is the minimum limit that you require? US\$

Do you check annually that all tenants and/or sub-contractors maintain and renew their Insurance? ☐ Yes ☐ No

Note: There is a policy requirement that your Tenants and Sub-contractors purchase and maintain adequate liability and property insurance.

6. VOLUMES: Please advise annual throughputs broken down into TEU's handled, break bulk and bulk (in tonnes), cars (as units or tonnes) and any other cargoes.

	Last Year	This Year	Estimated Next Year
TEUs			
Break bulk (Tonnes)			
Wet Bulk (Tonnes)			
Cars			
Other e.g. passengers (please specify)			

	Last Year	This Year	Estimated Next Year
What is your annual revenue ?			
What % of revenue is derived from cargo handling ?			
How many vessels calls per annum ? Please provide figures broken down into size of vessel			
a) Upto 5,000 GRT			
b) 5000 – 15,000 GRT			
c) Over 15,000 GRT			

7. EQUIPMENT: Please provide the aggregate value for the current year and next year and attach a schedule showing against each item, description, value and age.

Are your declared values based on:

New replacement value? ☐ Yes ☐ No

Market Value? ☐ Yes ☐ No

Depreciated (book) value? ☐ Yes ☐ No

8. PROPERTY: Please attach a schedule with description, values, age, location including details of construction and details of the extinguishing appliances/ sprinklers for the large items.**9. HULL P & I:** Please attach a vessel schedule with name, type, use, age, GRT, value and horse power (for tugs), plus number of crew.**10. BUSINESS INTERRUPTION**

a) Do you require cover for increased cost of working or loss of revenue ? ☐ Yes ☐ No

b) What cover is required ?

Physical loss / damage of handling equipment ☐ Yes ☐ No

Physical loss / damage to property ☐ Yes ☐ No

Or Port blockage of Operations ? ☐ Yes ☐ No

c) If Port blockage is required, do you require cover for :-

Blockage of Berths ☐ Yes ☐ No

Approach channels and locks ☐ Yes ☐ No

Or land entrances ? ☐ Yes ☐ No

d) Is your electricity supply generated by yourself ?

Or through external means (please tick ✓ the relevant box) ☐ Yes ☐ No

Do you have a back up / emergency generator ☐ Yes ☐ No

e) Are there alternative / reserve equipment / means of access available to mitigate any claim ? ☐ Yes ☐ No

If yes, please details. _____

Please attach a map of the port to illustrate your answer.

11. LOSS PREVENTION / RISK MANAGEMENT – Please attach details of :-

a) Risk control / loss control management, and

b) Pollution control / environmental impairment control, and

c) Property and equipment maintenance and staff training Programmes.

- d) Security precautions (including) 24 hour security guards ? ☐ Yes ☐ No
 All buildings / perimeter fences / gates alarmed ? ☐ Yes ☐ No
 Close Circuit TV ? ☐ Yes ☐ No
 Continual documentation security checks ? ☐ Yes ☐ No
 Other ? Please attach details. ☐ Yes ☐ No
- e) Independent surveys of facilities / equipment during the last twelve months.
 Are there any revisions to the loss prevention / risk management measures in a) to d) above envisaged / planned during the policy period ? ☐ Yes ☐ No
 If yes, attach details.

12. CLAIMS HISTORY - Please attach full claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

IMPORTANT

This questionnaire is to be completed and signed by the Assured and will form part of the Port Authority Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and / or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Policy.

ASSURED TO NOTE:

The construction of this Policy shall be governed by English Law and Practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained the policy.

Proposer's Declaration: I/ We accept the Terms and Conditions of the insurance policy. I/We authorize the insurance Company to obtain any records or references in consideration of this insurance or any potential claims in the future. I/We certify that all the information provided in this proposal and any attachments are true and correct. I/We understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. I/We hereby authorize HDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes either directly or through third party agents.

Note: The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning : As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

Insurance is the subject matter of the solicitation

1. DECLARATION AND SIGNATURE

The undersigned authorized officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Applicant and its directors and officers, acknowledge that the details contained herein have been read and understood. This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date:

Signed