



Terminal Operator's Legal Liability Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: *All monetary values are in:

Type of terminal operator: Rail freight Air freight Marine Other

If 'Other' please describe:

LOCATIONS

Please state the name(s) and address(es) of the terminals under your control:

Do you operate the following:

Marine facilities		Other facilities	
Container	<input type="radio"/> Yes <input type="radio"/> No	Ro-Ro	<input type="radio"/> Yes <input type="radio"/> No
General cargo	<input type="radio"/> Yes <input type="radio"/> No	Car	<input type="radio"/> Yes <input type="radio"/> No
Other wet bulk	<input type="radio"/> Yes <input type="radio"/> No	Fruit	<input type="radio"/> Yes <input type="radio"/> No
Cruise/passenger	<input type="radio"/> Yes <input type="radio"/> No	Oil and gas	<input type="radio"/> Yes <input type="radio"/> No
Passenger ferry	<input type="radio"/> Yes <input type="radio"/> No	Livestock	<input type="radio"/> Yes <input type="radio"/> No
Dry bulk	<input type="radio"/> Yes <input type="radio"/> No		
		ICD/Container freight station	<input type="radio"/> Yes <input type="radio"/> No
		Intermodal rail depot	<input type="radio"/> Yes <input type="radio"/> No
		Container(trailer) storage/Repair depot	<input type="radio"/> Yes <input type="radio"/> No
		Warehouse/distribution	<input type="radio"/> Yes <input type="radio"/> No
		Temperature controlled warehouse	<input type="radio"/> Yes <input type="radio"/> No
		Air freight consolidation depot/warehouse	<input type="radio"/> Yes <input type="radio"/> No

SERVICES

Please indicate which services you provide:

Ships agency	<input type="radio"/> Yes <input type="radio"/> No	Leasing company depot	<input type="radio"/> Yes <input type="radio"/> No	Local collection and delivery	<input type="radio"/> Yes <input type="radio"/> No
Chassis pool	<input type="radio"/> Yes <input type="radio"/> No	Long distance haulage	<input type="radio"/> Yes <input type="radio"/> No	Special distribution services	<input type="radio"/> Yes <input type="radio"/> No
Lighterage	<input type="radio"/> Yes <input type="radio"/> No	Car preparation	<input type="radio"/> Yes <input type="radio"/> No	Consultancy	<input type="radio"/> Yes <input type="radio"/> No
Freight forwarding	<input type="radio"/> Yes <input type="radio"/> No	If 'Yes' please fill out Aldis's Freight Forwarder's Legal Liability Application			
Other services (please specify)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>			

Waste Disposal

Ships' Garbage

Do you dispose of ships' garbage: Yes No If 'Yes' please indicate disposal method

Specialist sub-contractor Municipal collection Own disposal Port authority disposal

Other (please specify)

If own disposal please indicate method used:

Incinerator Landfill Other (please specify)

Do you do any other waste disposal: Yes No If 'Yes' please specify

Tank Container Cleaning

Do you undertake tank container cleaning or testing? Yes No

If 'Yes' please indicate method of waste disposal : Specialist sub-contractor Other (please specify)

CONTRACTS/AGREEMENTS

Contracts with customers: Port/tariff/act/by-laws Standard contracts Individual user agreements None

Please check as appropriate and provide copies.

Other (please specify)

Are you trading liabilities under contracts: Limited liability in negligence Unlimited liability in negligence No liability

Other (please specify)

Have you indemnified another person for his negligence under any agreement (e.g. for hire of equipment, land)? Yes No

If 'Yes' please explain:

Have you waived rights of recourse against another person? Yes No

If 'Yes' please explain:

ERRORS AND OMISSIONS

Do you require coverage for your liability for claims made against you for breach of duty in the course of the conduct of your business: Yes No

Do you require coverage for your liability at common law under any operative section of the policy for accidental failure to incorporate your contract conditions into the contract with your customer: Yes No

If 'Yes' do you: Instruct your staff in writing to tell customers of the contract conditions applicable when verbally quoting for business: Yes No

Instruct your staff in writing to tell customers of the contract conditions applicable when confirming quotations in writing: Yes No

Include a clear wording on all stationery used to communicate with customers stating that all business is transacted subject to your contract conditions: Yes No

Make copies of your contract conditions available to customers on request: Yes No

If 'No' to any of the above, please tell us how customers are made aware of your contract conditions and enclose copies of any documents used:

VOLUME

Please provide the following information for the current year and an estimate for the next twelve months:

	This year	Next year		This year	Next year
Loaded TEUs*	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Cars (no.)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Refrigerated/tank TEUs*	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Livestock (head)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Refrigerated breakbulk tonnes	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Air freight (kgs)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Breakbulk tonnes	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Consultancy revenue	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Wet Bulk tonnes	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Gross revenue	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Dry Bulk tonnes	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Number of containers handled	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

*Count one trailer as two TEUs

COVERAGE REQUIREMENTS

Please state the limit of liability that you require: Each accident: \$ Errors & Omissions: \$

UNDERWRITING INFORMATION

Name of previous insurer(s):

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Premium and loss history for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business, results and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date:

Applicant's signature:

Broker's signature: