



MARINE PROPERTY, EQUIPMENT AND BUSINESS INTERRUPTION PROPOSAL FORM

Please note that St Paul Travelers only accept this cover as part of a Liability Package Policy and require the appropriate Proposal Forms for your class of business to be completed in addition to the below.

Cover is offered up to a maximum of USD 5,000,000 any one accident or occurrence per section but always subject to a Combined Single Limit of USD 15,000,000 across all sections of cover inclusive of the Liability Sections

A) HANDLING & ASSOCIATED EQUIPMENT:

All CURRENCIES ASSUMED TO BE USD UNLESS OTHERWISE STATED

1). Please complete the following matrix to indicate the total values of equipment located at each of your insured locations:

Location	Total Insured Value	No of items valued >USD 1m	No of items > USD 250,000 <1m	No of items <250,000	Replacement/ market value
Totals					

2). Please itemise all cranes and/or individual pieces of equipment with a replacement value of over USD 500,000

Type	Make	Model	Value

3). Are all your cranes:

- a). Load tested annually? Yes No
- b). Slings, hooks, lines etc suitable for weights used and checked regularly? Yes No
- c). Maintained in accordance with manufacturers' recommendations? Yes No

4). If you have or use conveyors are they:

a) Maintained in accordance with manufacturers' recommendations?

Yes No

b) Fitted with friction detectors?

Yes No

c) Total length of conveyors

Yes No

5). Coverage

Please advise which limits and decuctible you require:

Limit USD _____

Deductible USD _____

6). Loss History

Please provide a five year loss history for your equipment

Year

	Paid USD	Outstanding USD	Fees USD	Incurred USD
Current Year				
-1				
-2				
-3				
-4				
Totals USD				

7). Please provide details of any loss greater than USD 35,000.

B) PORT PROPERTY

- 1). Please advise the type of property and values as follows:
Please supply any information you can in respect of construction details ages etc

Type	Value
Warehouses	
Reefer warehouses	
Silos	
Offices	
Pavings/hardstandings	
Transformer/electrical rooms	
Lighting/fences etc	
Quays, wharves, seawalls	
Weighbridges/fixed equipment	
Plant & Machinery	
Contents excluding Stock	
Miscellaneous	
Totals	

- 2). Please complete the attached matrix in respect of any warehouses you have or maintain control or responsibility for

- 3). Please advise the last dates your wharves and quays were surveyed:

a) Above water line _____
b) Below water line _____

- 4). Please advise which limits and decuctible you require:

Limit USD _____
Deductible USD _____

- 5). Loss History
Please provide a five year loss history for your equipment
Year

	Paid USD	Outstanding USD	Fees USD	Incurred USD
Current Year				
-1				
-2				
-3				
-4				
Totals USD				

- 6). Please detail any claim over USD 35,000

C) BUSINESS INTERRUPTION

1). Please advise limits you require for the following:

	Limit	ICOW Limit	Excess Period	Indemnity Period
Port Blockage only				
Port/berth blockage				
*Full BI				

* Please note that full Business Interruption is only offered in conjunction with the Property and/or the Equipment

2). Please advise any piece of property or equipment that is business critical and if lost would result in significant downtime to your operations:

3). Please advise that you have an emergency plan to obtain alternate resources for storage and cargo handling in the event of a loss that would prevent you from trading.

4). Loss History
Please provide a five year loss history for your equipment
Year

	Paid USD	Outstanding USD	Fees USD	Incurred USD
Current Year				
-1				
-2				
-3				
-4				
Totals USD				

5). Please provide details of any loss greater than USD 35,000.

D) DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence St Paul Traveler's assessment of the risk. We also understand that completion of this form does not bind either St Paul Travelers or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with you.

Signed

Position

Date

DATA PROTECTION ACT

We will collect certain information about individuals within or connected to your company and any subsidiaries ("data subjects") in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve its transfer to countries which do not have data protection laws.

Some of the information we collect may be classified as 'sensitive' - that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information. Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at 60 Gracechurch Street, London EC3V 0HR.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.



St. Paul Travelers Syndicate Management Limited

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