

*For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada. Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited. Please complete one application for each location separately and attach the following papers.*

1. Map of premises, include legal description;
2. Schedule of buildings;
3. Schedule of tenants;
4. Copy of tariff;
5. Five year third party BI/PD loss history (exclude auto and workers compensation);
6. Description of any other applicable liability policies in force (i.e. Package, CGL, etc.).

1. Name of Applicant	2. Applicant Web Site
3. Applicant Address ( <i>No., Street, City, Province, Postal Code, Country</i> )	4. Telephone No.

5. Gross Revenues for prior three years and estimated revenues for current and upcoming years.

- |             |            |             |            |
|-------------|------------|-------------|------------|
| a. \$ _____ | Year _____ | d. \$ _____ | Year _____ |
| b. \$ _____ | Year _____ | e. \$ _____ | Year _____ |
| c. \$ _____ | Year _____ |             |            |

6. Annual Tonnage handled. *Include number of containers and/or autos handled, if applicable.*

a. Tonnage handled annually prior three years. (*Show number of units for containers and vehicles.*)

- |                                  |                                 |
|----------------------------------|---------------------------------|
| 1) _____ Units _____ Years _____ | 3) _____ Units _____ Year _____ |
| 2) _____ Units _____ Years _____ |                                 |

b. Estimated tonnage for current year and upcoming year. List by type of Cargo.

- |  |                   |                    |  |
|--|-------------------|--------------------|--|
| 1) Containers ( <i>including reefer containers</i> ) .....                         | Current Yr. _____ | Upcoming Yr. _____ |  |
| 2) Vehicles .....  | Current Yr. _____ | Upcoming Yr. _____ |  |
| 3) Chilled/perishable food products .....  | Current Yr. _____ | Upcoming Yr. _____ |  |
| 4) General break bulk.....   | Current Yr. _____ | Upcoming Yr. _____ |  |
| 5) <i>Dry Bulk (including bulk grain, ore, chemicals, metal scrap, etc.)</i> ..... | Current Yr. _____ | Upcoming Yr. _____ |  |
| 6) Bagged commodities.....   | Current Yr. _____ | Upcoming Yr. _____ |  |
| 7) Bulk liquids.....   | Current Yr. _____ | Upcoming Yr. _____ |  |
| 8) Finished steel products, steel coils or plate.....                              | Current Yr. _____ | Upcoming Yr. _____ |  |
| 9) Lumber.....   | Current Yr. _____ | Upcoming Yr. _____ |  |
| 10) Machinery .....  | Current Yr. _____ | Upcoming Yr. _____ |  |
| 11) Heavy lifts .....  | Current Yr. _____ | Upcoming Yr. _____ |  |

7. Does operation include lighterage?.....  Yes  No

*If yes, does applicant operate lighter vessels?*.....  Yes  No

What percentage of total cargo is lightered?..... \_\_\_\_\_ %

8. Is any rail car loading done? .....  Yes  No

*If yes, percentage* ..... \_\_\_\_\_ %

9. Describe loading and unloading methods and equipment used: \_\_\_\_\_

Does applicant use ships gear? .....  Yes  No

*If yes, describe:* \_\_\_\_\_

10. Is equipment owned, leased or rented? \_\_\_\_\_

If leased or rented, is it operated by applicant's or owner's employees? \_\_\_\_\_

11. Are explosives handled? .....  Yes  No

*If yes, please indicate quantity, guidelines and regulations under which this material is handled:*

\_\_\_\_\_

12. Does applicant operate under any written contracts? .....  Yes  No

*If yes, do they include:*

a. "Hold Harmless" clauses? .....  Yes  No

b. Any provisions under which Assured assumes liabilities beyond those imposed by law? .....  Yes  No

*If the answer to a or b is in affirmative, please furnish copies with rates deleted.*

13. List total of all losses, paid and pending, for five years. *If available, attach current and prior carrier loss runs.*

a. \$ \_\_\_\_\_ Year \_\_\_\_\_

b. \$ \_\_\_\_\_ Year \_\_\_\_\_

c. \$ \_\_\_\_\_ Year \_\_\_\_\_

d. \$ \_\_\_\_\_ Year \_\_\_\_\_

e. \$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ **5 Year Total**

14. Does applicant employ experienced Union supplied longshoremen or leased workers? .....  Yes  No

15. Does applicant engage in other operations:

a. Container stuffing .....  Yes  No

b. Wharfage and/or line handling .....  Yes  No

c. Terminal operation, including storage on a long term basis under warehouse receipt .....  Yes  No

*If yes, to any of above questions, indicate annual payroll or receipts for each activity separately.*

a. \$ \_\_\_\_\_ Year \_\_\_\_\_

b. \$ \_\_\_\_\_ Year \_\_\_\_\_

c. \$ \_\_\_\_\_ Year \_\_\_\_\_

d. \$ \_\_\_\_\_ Year \_\_\_\_\_

e. \$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ **5 Year Total**

16. Does applicant operate at owned or leased terminals? .....  Owned  Leased

17. Please describe all outside and inside storage facilities used in connection with stevedoring operations. Include number of buildings and square footage.

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a. Describe any refrigerated storage: \_\_\_\_\_

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b. Describe square footage or acreage available for outside storage: \_\_\_\_\_

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**REQUIRED COMPLETION - READ AND SIGN**

**I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.**

Applicant's Signature <b>X</b>	Date
Agent's Signature <b>X</b>	Date