

This Application is submitted to Travelers Insurance Company of Canada ("TICC") and St. Paul Fire and Marine Insurance Company ("SPFM"). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the Insurance Companies Act (Canada), this document is issued in the course of SPFM'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.

a. Describe any refrigerated storage: _____

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

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 X	Date
Agent's Signature X	Date