

*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 (No., Street, City, Province, Postal Code, Country)		4. Telephone No.
5. Location of Facility (No., Street, City, Province, Postal Code, Country)		6. How long in business?
7. How long has applicant been at this location?	8. Does the Applicant Own or Lease?	9. Annual Gross receipts for last 3 years
10. What are the adjacent facilities ashore and their distance?		11. Total length, in linear feet, of available wharfage?
12. Exposed to passing vessel traffic <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Water depth (at mean low tide) at deepest point and shallowest point on wharf?	
14. Who is responsible for maintaining water depth (dredging)?	15. Who is responsible for line handling/vessel mooring?	

16. What is the number of berths at the location?..... \_\_\_\_\_
17. Number of vessels at a facility at any one time:
- a. Average Number? ..... \_\_\_\_\_
- b. Maximum Number?..... \_\_\_\_\_
18. Length of time vessels stay at facility:
- a. Average Time?..... \_\_\_\_\_
- b. Maximum Time? ..... \_\_\_\_\_
19. Type of vessels that call at facility? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Do passenger carrying vessels (cruise ships, etc.) call at this location? .....  Yes  No
21. Number of vessels that call annually?..... \_\_\_\_\_
22. Does applicant require certificates of pollution insurance from all vessels calling at the facility? .....  Yes  No  
*If yes, what are the limits?* \_\_\_\_\_  
 \_\_\_\_\_
23. What is the annual tonnage handled for the last 3 years? ..... \_\_\_\_\_
24. What is the annual throughput for the last 3 years?..... \_\_\_\_\_

25. What types of cargo is handled? Please identify by percentage of volume. If containers, or vehicles, specify the number of units handled annually.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
26. What percentage of cargo, if any, is owned by the applicant? ..... \_\_\_\_\_ %
27. Describe load/discharge methods and equipment used:
- \_\_\_\_\_
- \_\_\_\_\_
28. Who performs loading/discharge, applicant's employees or independent stevedores? \_\_\_\_\_
29. Describe all owned/leased equipment applicant is responsible for: \_\_\_\_\_
- \_\_\_\_\_
30. Does the operation include any lighterage? .....  Yes  No  
*If yes, what percent?*..... \_\_\_\_\_
31. Is any truck or railcar loading done? .....  Yes  No  
*If yes, what percent?*..... \_\_\_\_\_
32. Describe the fire protection available at the facility: \_\_\_\_\_
- \_\_\_\_\_
33. Is the Public Fire Department Paid or Volunteer? ..... \_\_\_\_\_
34. How many Public Fire Hydrants are on location? ..... \_\_\_\_\_  
 a. What is the distance? \_\_\_\_\_
35. What type of security is available? \_\_\_\_\_
- \_\_\_\_\_
36. Does the applicant have a formal safety program in effect? .....  Yes  No

**STORAGE AND WAREHOUSING OPERATION**

*Attach plan or sketch of property/storage area. Show buildings identified by number.*

37. Give total square feet or acreage available for outside storage (*excluding buildings*). ..... \_\_\_\_\_
38. Provide the following information for each storage building: storage area (sq. ft.), age, construction, heated or unheated, sprinklered, distance to fire hydrants (*attach list if necessary*).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
39. Give height of ground level premises above mean high water measured at dockside..... \_\_\_\_\_

40. List the type of goods and commodities stored. List percentage or volume of each. For vehicles and containers give number of units. List separately refrigerated food products and other goods and indicate if chilled or frozen.

---



---



---



---

41. Describe tank storage, if any, in detail:

Type of product(s) stored?	Number of tanks?	Capacity of tanks	Age of tanks
Construction of tanks	Are tanks diked?	Do applicant's employees control loading and discharge of tanks?	
Is any blending of products done?			

42. What is the typical operating capacity of the storage facility?

- Under 50%    50-75%    Greater than 75%

43. What is the percentage of goods defined as greater than 30 days and/or not under a s/s bill of lading? ..... %

44. Describe any storage of a "non-marine" nature at this terminal. (Example: Store under a warehouse receipt for goods which have not been discharged from nor will be loaded onto a vessel at this terminal.)

---



---

45. Attach a copy of warehouse receipt(s) issued. Include details of any contractual liability assumed in connection with storage, or storage under special agreement(s).

**LOSS EXPERIENCE**

46. Loss experience for the past 5 years. Any losses, paid and outstanding, and include all losses not covered by insurance.

Date of Loss	Description	Amount
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

47. Does the applicant have any contracts either limiting or extending the liabilities imposed by law?.....  Yes  No

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

48. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

49. Please include a map or drawing of the facilities and adjacent area to this application.

**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