

INDUSIND PORT PACKAGE INSURANCE - COMMERCIAL - PROPOSAL FORM

(To be filled in BLOCK LETTERS)

Name	
Address	
Location (S)	

1. Type of Port

1. Are you a landlord port?	☐ Yes ☐ No	or an operational port?	☐ Yes ☐ No
2. If you are both a landlord and operational port, please provide the percentage split based on revenue			
☐ percentage of revenue as a landlord ☐ percentage of operational revenue For any Cargo Handling operations performed by you please complete the relevant parts of the Terminal Operators / other Operations Questionnaire.			

2. Facilities

S. No.	Documents	S. No.	Documents
1.	☐ Breakbulk/General cargo terminals	9.	☐ Warehouse
2.	☐ Container terminals	10.	☐ Temperature Controlled Warehouse
3.	☐ Dry Bulk Terminals	11.	☐ Container Depot
4.	☐ Grain Terminals	12.	☐ Dry docks
5.	☐ Gas terminals	13.	☐ Ship repair
6.	☐ Passenger Terminals	14.	☐ Yacht marina
7.	☐ Ro-Ro terminals	15.	☐ Other (please specify): _____
8.	☐ Oil terminals		

3. Services

Services provided by you, please answer "Y" performed by you, "S" performed by your subcontractor and "N" not provided:

S. No.	Documents	S. No.	Documents
1.	☐ Buoys and lighting;	8.	☐ Marine terminal operator
2.	☐ Bunkering;	9.	☐ Marine traffic control;
3.	☐ Dredging;	10.	☐ Maintained water depths;
4.	☐ Dumpsites / landfill;	11.	☐ Other (please specify);
5.	☐ Diving;	12.	☐ Navigational information and aids
6.	☐ Emergency (e.g. Fire Services);	13.	☐ Pilotage;
7.	☐ Helicopter landing sites/airport;	14.	☐ Salvage / ship removal;


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S. No.	Documents	S. No.	Documents
15.	☐ Security (e.g. Police);	19.	☐ Warehousing;
16.	☐ Stevedoring;	20.	☐ Waste disposal;
17.	☐ Temperature Controlled Warehousing	21.	☐ Advice to other operators;
18.	☐ Tugs;		

Only answer this part of the question if you provide warehousing or storage of any cargo (other than containerised cargo) either as a landlord or as an operator:

1. What is your responsibility for the cargo stored?

- | | |
|--|--|
| a. No Responsibility (if YES, please move on to Question 6) | ☐ Yes ☐ No |
| b. Responsibility as a landlord only for maintenance of the warehouse building, fire prevention within the warehouse and warehouse security? | ☐ Yes ☐ No |
| c. Responsibility for care, custody and control of all cargo, but no responsibility for force majeure? | ☐ Yes ☐ No |
| d. Responsibility for care, custody and control of all cargo, including responsibility for force majeure? | ☐ Yes ☐ No |

2. What is your responsibility for the cargo stored?

3. What % of your total revenue is generated by warehousing operations? _____ %

4. Do all warehouses have sprinklers and fire detection systems? ☐ Yes ☐ No

If NO, please attach details of your fire detection measures.

5. Is there a fire main throughout the site? ☐ Yes ☐ No

6. Is there an emergency fire pump or suitable reserve power supply to ensure there is fire fighting water at all times? ☐ Yes ☐ No

4. Contracts/Indemnities

a. Contracts with Customers (for example shipping lines): Do you have any of the following contracts? And if so, please indicate the extent of

Liability for your negligence (please tick II the relevant box):

No contracts? ☐	Limited liability IRO negligence	Unlimited liability IRO negligence	No liability	Other
Standard contracts? ☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Individual user agreements? ☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Port tariff/act/bylaws? ☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

b. Other Contracts/Leases/licenses:

- | | |
|--|--|
| a. Do your leases / licences contain indemnities in your favour? | ☐ Yes ☐ No |
| b. Do these contracts/leases/licenses have indemnities covering your own negligence? | ☐ Yes ☐ No |
| c. Have you given any indemnities to an other party under any agreement? | ☐ Yes ☐ No |

If yes, please give details

b. Tenants and/or Subcontractors	
Is there a requirement in your Contract with tenants and/or subcontractors that they	
have adequate liability and property insurance?	☐ Yes ☐ No
If yes, what is the minimum limit that you require? USD	
Do you check annually that all tenants and/or subcontractors maintain and renew their insurance?	☐ Yes ☐ No

5. VOLUMES - PLEASE ADVISE CARGO THROUGH PUTS PER POLICY YEAR

TEU's	Last Year	Current Year	Next Year Estimate
Break Bulk (tonnes)			
Dry Bulk (tonnes)			
Wet Bulk (tonnes)			
Autos			
Passengers			
Others (specify below)			
What is your annual revenue?			
Last Year	Current Year	Next Year Estimate	
What % of revenue is derived from cargo handling?			
Last Year	Current Year	Next Year Estimate	
How many vessel calls per annum? Please provide figures broken down into size of vessel:			
Up to 5,000 GT	Last Year	Current Year	Next Year Estimate
5,000 to 15,000 GT			
Over 15,000 GT			

6. Property

a) Please provide a summary of property values broken down as follows:	Sum Insured (₹)
Wharves, Quays and Jetties	
Buildings	
Warehouse/Storage Facilities	

- b) Please also attach a full schedule with description, values, age, location including details of construction and details of fire extinguishing appliances / sprinklers;
- c) Please itemise separately (together with the location) any single structure where the insured value is in excess of USD 15,000,000;
- d) Please itemise separately (together with location) any property outside the confines of the port;
- e) Please provide your estimated Maximum Possible Loss. USD

7. Handling Equipment

Please provide the aggregate value for the current year and next year and attach a schedule showing against each item, description, value and age.

Are your declared values based on:

- | | |
|---|--|
| a) New replacement value? | ☐ Yes ☐ No |
| b) Market value? | ☐ Yes ☐ No |
| c) Depreciated (book) value? | ☐ Yes ☐ No |
| d) Please provide your estimated Maximum Possible Loss. USD | ☐ Yes ☐ No |
| e) HULL and P & I - Please attach a vessel schedule with Name, Value, Type, Age, GRT, use, and number of crew, plus horse power (for tugs). | |

8. Business Interruption

- a) What is your applicable annual revenue?

Last Year	Current Year	Next Year Estimate

- b) Do you require cover for increased cost of working; ☐ Yes ☐ No
- and loss of revenue? ☐ Yes ☐ No
- c) What cover is required?
- | | |
|---|--|
| physical loss/damage of handling equipment? | ☐ Yes ☐ No |
| physical loss/damage to property? | ☐ Yes ☐ No |
| and port blockage of Operations? | ☐ Yes ☐ No |
- d) If port blockage is required, do you require cover for:
- | | |
|------------------------------|--|
| blockage of berths; | ☐ Yes ☐ No |
| approach channels and locks; | ☐ Yes ☐ No |
| and land entrances? | ☐ Yes ☐ No |

e) Is your electricity supply generated by yourself?	☐
or through external means? (please tick ✓ the relevant box)	☐
Do you have a back up / emergency generator?	☐ Yes ☐ No
f) Are there alternative/reserve equipment/ means of access available to mitigate any claim?	☐ Yes ☐ No
If yes, please give details.	
Please attach a map of the port to illustrate your answer.	

9. Loss Prevention / risk management - please attach details of

a) Your risk control/ loss control management,	
c) pollution control/environmental impairment control,	
c) property and equipment maintenance and staff training programmes,	
d) all fire detection and fire fighting equipment and its condition, include equipment in buildings, warehouses and on cargo handling equipment, particularly grain and coal conveyors and other equipment, susceptible to fire/explosion;	
e) Security precautions (including):	
24 hour security guards?	☐ Yes ☐ No
All buildings/perimeter fences/gates alarmed?	☐ Yes ☐ No
Close Circuit TV?	☐ Yes ☐ No
Continual documentation security checks?	☐ Yes ☐ No
Other? Please attach details	☐ Yes ☐ No
f) independent surveys of facilities / equipment during the last twelve months. If you do not have a recent satisfactory survey, it will be a subjectivity of your quote that a survey be performed at your expense, unless otherwise agreed.	
Are there any revisions to the loss prevention/ risk management measures in a) to f) above envisaged/ planned during the policy period?	☐ Yes ☐ No
If yes, please attach details.	
g) International Ship & Port Facility Security Code compliant.	☐ Yes ☐ No
If no, please advise status of application	

10. Claim History

Please attach separate Liabilities, Physical Damage and Hull claims histories (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

Signed _____ Date: _____ Company Position _____

11. Important

This questionnaire is to be completed and signed by the Assured and will form part of the Insurance Policy.

The premium charged and the conditions of this Policy are based upon the information provided in this questionnaire, any operations and/or physical changes in the nature of the Assured's Operations during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to Underwriters. Any change advised will be assessed by Underwriters to enable them to decide whether they are prepared to continue to provide coverage and at what terms. Failure to comply with this requirement could affect the validity of the Policy.

12. Assured to note:

The construction of this policy shall be governed by English law and practice. Any dispute between Underwriters and the Assured as to the meaning of this Policy shall be resolved by Arbitration in London strictly in accordance with the terms of the Arbitration clause contained in the policy.

Please list the name and address of Port Authority, and enclose your latest annual financial report and port handbook

Please list the address of your location(s), including the postal/ zip codes where applicable, and latitudes & longitudes and attach a map showing the outline and boundaries of the port(s).

Do you provide any other facilities / services e.g. carparks, shops, oil rig supply facilities etc.? If yes please give details:

Note: There is a policy requirement that your Tenants and Subcontractors purchase and maintain adequate liability and property insurance, and that you review those policies annually

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP? ☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

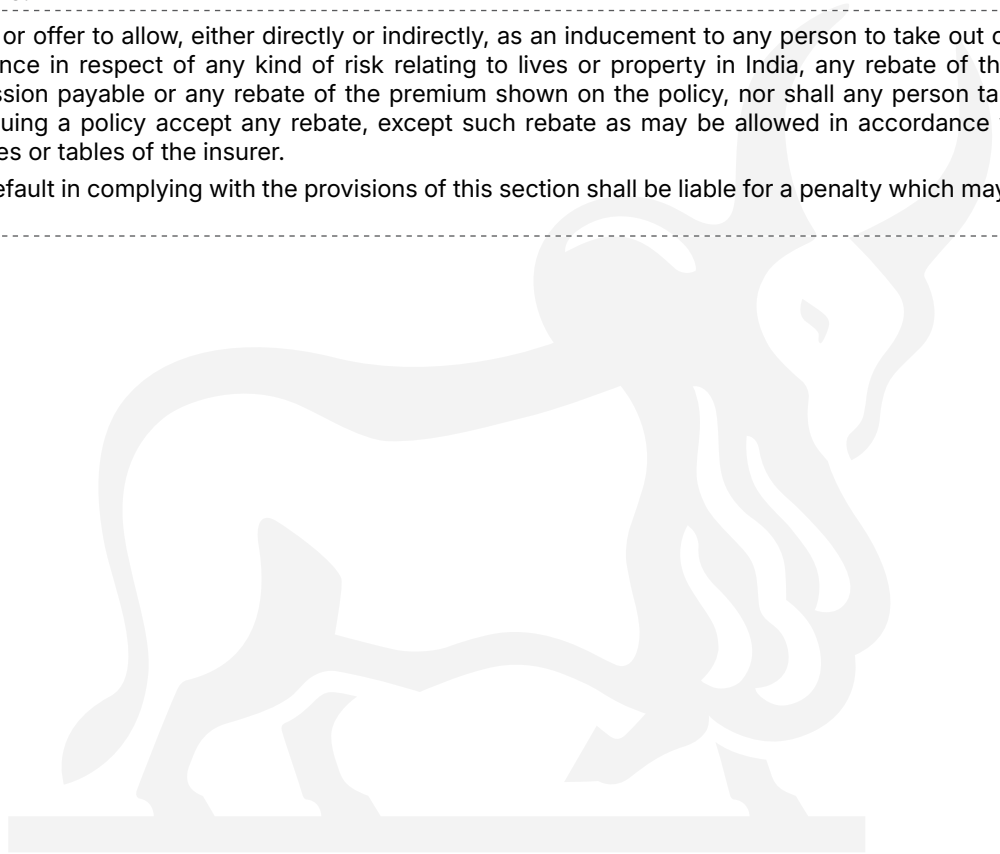
GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.



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