

# APPENDIX C: EXPOSURE IDENTIFICATION QUESTIONNAIRE

This exposure identification questionnaire is designed to aid a port in identifying and analyzing its exposure to loss. While an attempt has been made to make this questionnaire as comprehensive as possible, the variation in ports and their exposures make it impractical to cover all loss exposures.

The questionnaire should be viewed, therefore, as a starting point for the identification on exposures to loss. Other sources, such as those discussed in the *Guidebook* should be used to supplement this questionnaire to insure the complete identification of a port's exposure to loss.

If your port needs to address a specific area, please proceed to that section directly in this questionnaire to help you identify risk exposures.

*Note: Contains copyrighted information of International Risk Management Institute, Inc., used with permission.*

## GENERAL INFORMATION

### 1. Identity

- Name of Port:
  
- Address:
  
- Telephone:
  
- FAX:
  
- E-mail:
  
- Risk Manager or person responsible for insurance:
  
- Owner of Port:
  
- Operator of Port:

### 2. Port Structure

#### A. Government Subsidiary

- State:
- Municipal/City/County:
- Other:

#### B. Private

#### C. Management & Staff

- Commissioners: Elected \_\_\_\_\_ Appointed \_\_\_\_\_ Term \_\_\_\_\_
  
- Staff: Give overview of Port employees involved in operations, services, financial, legal, EDP, security, engineering, marketing, security, housekeeping, public relations accounting (for example, 6 operations employees, 1 financial, 1 staff attorney, etc. )

### 3. Port Information Required

- #### A. Top three commodities handled for export (most current fiscal year)

1. By dollar value:

	Commodity	Value
a.	_____	_____
b.	_____	_____
c.	_____	_____

2. By tons:

a.	_____	_____
b.	_____	_____
c.	_____	_____

B. Top three commodities handled for import (most current fiscal year)

1. By Dollar Value:

	Commodity	Value
a.	_____	_____
b.	_____	_____
c.	_____	_____

2. By tons:

	Commodity	Value
a.	_____	_____
b.	_____	_____
c.	_____	_____

C. Passenger/Cruise Lines

1. Number of based ships (annual)
2. Number of seasonal ships
3. Number of passengers (annual)

D. Marinas

1. Number of pleasure boat slips
2. Number of commercial boat slips
3. Number of boats lifted by Port employees

4. Gallons of fuel sold (by Port employees)

E. Utilities generated by Port (in Port-owned/operated facilities)

1. Power (elec./gal. & KW)
2. Sewage (gallons)
3. Water purification (gallons)

F. List any/all products manufactured, assembled, processed or sold by Port (i.e. Port operations not that of tenant or leasee)

	Payroll	Revenues
1.	_____	_____
2.	_____	_____
3.	_____	_____

G. Does the Port perform any of the following activities? If yes, give annual payroll & income

	Payroll	Receipts
1. Stevedoring	_____	_____
2. Warehouse/terminal	_____	_____
3. Pilotage	_____	_____
4. Ship Repair	_____	_____
5. Dredging	_____	_____
6. Railroad	_____	_____
7. Tugs, fireboats, etc.	_____	_____
8. Security (Private Contractor)	_____	_____
9. Maintenance	_____	_____
10. Office/administrative	_____	_____
11. Operation of cargo handling equip.(incl. cranes)	_____	_____
12. Construction	_____	_____
13. Restaurants	_____	_____

	Payroll	Receipts
14. Public recreation	_____	_____
15. Marinas	_____	_____
16. Dry dock	_____	_____
17. Pile driving	_____	_____
18. Wharfage/Dockage	_____	_____
19. Office & Property Rental	_____	_____

H. Total annual operating revenue:

I. Total annual payroll:

J. Railroads

1. Owned by Port - miles of track
2. Operated by Port - miles of track
3. Maintained by Port - miles of track
4. Hold harmless agreements (attach copies)

K. Number of vehicles owned/leased

1. Private Passenger
2. Commercial

L. Describe planned expansion for next five years; provide master plan if appropriate

M. Physical description of Port. Provide marketing brochures or narrative to describe type of Port, facilities & services available, etc.

5. General Information/Description of Risk Funding Method(s)

A. Conventional insurance program (limits of liability by policy)

B. High self-insured retention and/or deductible with conventional program

Describe:

C. Captive

Describe:

D. Part of overall (parent) government - managed program

Describe:

E. Other

F. Most difficult portion of risk management program to manage, fund, insure:

G. Details of all losses in excess of \$10,000 (including reserves)

6. Describe major service(s)/product(s):

---

---

---

---

- Do you have any permanent operations outside the U.S., Canada, or Puerto Rico?  
 Yes       No

Country	Nature of Operations
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

9. Professional Services

Type	Name	Firm	Address
CPA/Accountant	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
		Phone:	<hr/>
Attorney	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
		Phone:	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
		Phone:	<hr/>

10. Commissioners and officers

- a. Total number of commissioners: \_\_\_\_\_
- b. Number of outside commissioners: \_\_\_\_\_
- c. Total number of Port officers: \_\_\_\_\_
- d. Do bylaws allow indemnification of commissioners and officers?  Yes     No

- 11. a. Does the port encourage employees to join the board of directors of other profit or nonprofit entities?  Yes     No
- b. Has the port espoused a policy on whether or not it will indemnify its employees with respect to liability for serving on these boards?  Yes     No

- c. Do you determine whether these entities purchase directors and officers liability insurance?  
 Yes     No

12. a. How would you describe your port's relationship with the:

**View/Perception**

- |                       |   |                               |                               |                               |
|-----------------------|---|-------------------------------|-------------------------------|-------------------------------|
| i. Local community    | <input type="checkbox"/> Extremely good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| ii. Local press       | <input type="checkbox"/> Extremely good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| iii. Local government | <input type="checkbox"/> Extremely good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| iv. Employees         | <input type="checkbox"/> Extremely good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

- b. Has your port received any unfavorable press within the last 5 years?

Yes                       No

- c. Describe any unfavorable press: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. a. Do you have an investment in any other operation or business (e.g., real estate)?

Yes                               No

- b. If yes, describe operations, type of interest, and amount of interest (percentage):

\_\_\_\_\_

14. Indicate how long port has been under present management: \_\_\_\_\_

15. Indicate length of time at present location: \_\_\_\_\_

## BASIC INSURANCE/RISK MANAGEMENT SYSTEM AND PROCEDURES

1. a. Does port keep a running record of all liability insurance policies purchased in the past?
  - Yes       No
- b. How far back in time does the record of insurance companies, brokers, limits, etc. go? \_\_\_\_\_
- c. Does record include the following:
  - Policy limits       Policy number       Name of Agent       Insurance Company       Policy Period

2. Does the port have a document storage policy/system for:

Type of Document	Retention Policy
Liability policies	_____ years
Premium audits	_____ years
Certificate of insurance (others)	_____ years
Leases	_____ years
Construction contracts	_____ years
Other contracts	_____ years
_____	_____ years
_____	_____ years

3. Does the port have a system for obtaining and maintaining currently valued loss information?
  - Yes       No
4. a. Are premium audits carefully examined?  Yes       No
  - b. By whom? \_\_\_\_\_
5. Is information distributed to employees as to:
  - a. The importance of reporting occurrences?       Yes       No
  - b. How to report a loss occurrence/accident?       Yes       No
  - c. What to do with suit papers?       Yes       No
  - d. How to handle inquiries by the press after a disaster/occurrence?       Yes       No
6. Are all requests made of the agent/broker or insurer documented in writing?
  - Yes       No
7. Is the financial stability of the insurance companies checked?       Yes       No
8. a. Are *complete* copies of policies maintained?       Yes       No
  - b. Is there a suspense/"tickler" system in place to assure timely renewals?       Yes       No
  - c. Is there a system to monitor and review Certificates of Insurance?       Yes       No
9. a. Does the risk/insurance manager periodically visit the various locations/subsidiaries?
  - Yes       No
- b. How often? \_\_\_\_\_
10. a. Are meetings ever held with claims adjusters?       Yes       No
  - b. How often? \_\_\_\_\_

c. Nature of meetings: \_\_\_\_\_  
\_\_\_\_\_

11. a. Are claims audits ever performed?  Yes  No  
b. How often? \_\_\_\_\_  
c. By whom? \_\_\_\_\_

12. a. Is experience rating information reviewed annually?  Yes  No  
b. By whom? \_\_\_\_\_

13. a. Does management involve the risk/insurance manager in mergers/acquisitions?  
 Always  Occasionally  Never  
b. Explain nature of involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. a. Indicate perceived degree of cooperation from management regarding notification of:

	High	Moderate	Low	None
Property acquisitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle acquisitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. a. Risk/insurance manager's responsibilities (check all that apply)

- Agent/broker selection
- Insurance company selection
- Property value establishment
- Property and liability insurance purchasing
- Group insurance (E.E. benefits) purchasing
- Group insurance administration
- Pension/retirement plan funding
- Determine/recommend retention levels
- Property claims management
- Liability claims management
- Workers compensation claims management
- Safety/loss control
- Quality assurance
- Others, list: \_\_\_\_\_  
\_\_\_\_\_

- b. Does risk manager have authority to do the above?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



16. a. Is the insurance program of all subsidiaries/divisions, etc. consolidated?

Yes       No

b. Subsidiary attitude towards consolidated program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. If #16 is no, why is the program not consolidated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Are the following costs allocated to subsidiaries or profit centers:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Premiums?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Deductibles?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Risk Management Department operating costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. Briefly describe predominant risk financing arrangement (such as guaranteed cost, dividend, retention, retrospective rating, compensating balance, self-insurance, and self-insured retention) and rationale used in its selection.

a. Workers' Compensation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. General Liability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Products Liability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Automobile Physical Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Automobile Liability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Professional Liability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. a. What is the limit of liability for the liability coverages you now carry? \_\_\_\_\_  
\_\_\_\_\_

b. Briefly explain rationale used in choosing this limit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. a. Is your general liability policy currently (or ever been) on a claims-made basis?  
 Yes       No       Unknown

b. Indicate current retroactive date: \_\_\_\_\_

c. Expiration date of your *last* "occurrence" policy: \_\_\_\_\_

d. Has the retroactive date ever been advanced (moved forward in time) or has a laser exclusion ever been attached since you first started buying claims-made CGL insurance?  Yes  No

e. If the retroactive date has been advanced or a laser exclusion has been attached, did you purchase the extended reporting period?  Yes  No

f. Comments/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. If you purchased the extended reporting period (or one is otherwise applicable) in an expired claims-made policy:

i. Have you kept a copy of the policy(ies)?  Yes  No (Obtain a copy)

ii. Is there a limited duration as respects the extended reporting period?  
 Yes, duration: \_\_\_\_\_  No  Unknown

22. a. Is (are) your umbrella(s) currently (or have they ever been) on a claims-made basis?  
 Yes       No       Unknown

b. For how many years have you been purchasing claims-made umbrellas? \_\_\_\_\_ years

c. Have you ever had a retroactive date advanced, replaced a claims-made layer with an occurrence layer, or had a laser exclusion attached to a renewal policy?  
 Yes       No       Unknown

d. Discuss/Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Are extended reporting periods applicable in any of your past umbrella/excess policies?  
 Yes (obtain copies)       No       Unknown

f. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. a. Does your liability program currently (or has it ever) contained a mixture of claims-made and occurrence layers?  Yes  No  Unknown  
b. Have you kept detailed records of these policies and layers?  Yes  No  
c. Discuss claims-made/occurrence history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

24. a. Do you have a system in place for monitoring the status of aggregate limits in current and past liability policies?  Yes  No  
b. Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. a. Please list major self-insured areas:

\_\_\_\_\_  
\_\_\_\_\_

b. Comments (i.e., rationale): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. a. Is there an on-going safety/loss control program?  Yes  No  
b. Whose responsibility? \_\_\_\_\_  
c. Has it been effective?  Very  Somewhat  Not at all  
d. Is it supported by management?  Highly  Somewhat  Very Little  
e. Is there a formal safety committee?  Yes  No  
f. Are regularly scheduled safety meetings held?  Yes  No  
g. How often?  Daily  Weekly  Monthly

h. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do the following receive Safety Orientation Training?

- a.  Upper level management  
b.  Supervisory personnel  
c.  Employees

d. If not, explain: \_\_\_\_\_  
\_\_\_\_\_

28. Are regularly scheduled safety inspections held?  Yes  No  
a. How often?  Daily  Weekly  Monthly

29. a. Is there a written contingency/disaster plan?  Yes  No

b. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. a. Have you had any insurance policies cancelled within the last three years?  Yes  No

b. List

Policy	Insurer	Date Cancelled	Reason if Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## AUTOMOBILE PHYSICAL DAMAGE AND LIABILITY EXPOSURES

1. a. Do any employees, executives, or directors have a "company car?"  Yes  No  
 b. Is there a written company policy regarding personal use?  Yes  No  
 c. What is policy? \_\_\_\_\_
  
2. Do individuals with company cars, if any, also purchase individual personal automobile insurance?  
 Yes  No  Uncertain
  
3. If the answer to #2 is no, is "drive another care" or family auto coverage needed?  
 Yes  No
  
4. Are any company vehicles used to transport/tow:
  - i. Hazardous substances?  Often  Occasionally  Never
  - ii. Butane, propane, or other gases?  Often  Occasionally  Never
  - iii. Employees?  Often  Occasionally  Never
  - iv. Public?  Often  Occasionally  Never
  - v. Non-owned trailers?  Often  Occasionally  Never
  - vi. Extra-wide loads?  Often  Occasionally  Never
  
5. Are owned trailers ever towed by non-owned tractors?  
 Often  Occasionally  Never
  
6. Are any of the trucks required to make statutory filings?  Yes  No  
 a. If so, what type(s) of filing? \_\_\_\_\_  
 \_\_\_\_\_
  
7. As regards employees who frequently drive vehicles on company business:
  - i. Are periodic Motor Vehicle Reports obtained?  Yes  No
  - ii. Are pre-employment physicals given?  Yes  No
  - iii. Are references checked?  Yes  No
  - iv. Are periodic physicals given?  Yes  No
  - v. Is there a system for verifying current drivers licenses?  Yes  No
  - vi. Are defensive driving courses given?  Yes  No
  - vii. Are accident files maintained on each driver?  Yes  No
  - viii. Are periodic alcohol and drug tests given to employees?  Yes  No
  
8. a. Approximate number of employees who regularly drive their personal auto on business: \_\_\_\_\_  
 b. Method of expense reimbursement: \_\_\_\_\_  
 c. Is there a company policy requiring all employees who use their personal autos on company business to purchase personal auto insurance?  Yes  No  
 d. If (c) is yes, is compliance with the policy verified?  Yes  No
  
9. a. Are car pooling arrangements for employees' transportation to work sponsored by the port?  Yes  No

- b. If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
10. a. Does the port ever borrow or hire vehicles?  Often  Occasionally  Never  
 b. Cost of annual hire: \$ \_\_\_\_\_  
 c. Cost of independent contractors used, if any: \$ \_\_\_\_\_  
 d. Who furnishes drivers? \_\_\_\_\_  
 e. Does lessor provide any insurance?  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
- f. Does port's name appear on any of these vehicles?  Yes  No
11. a. Do employees of the port ever rent cars from rental agencies (Avis, Hertz, etc.)?  
 Yes  No  
 b. If so, indicate approximate frequency:  
 Less than 10 times/year  100-500 times/year  
 10-50 times/year  More than 500 times/year  
 50-100 times/year  
 c. Is there a company policy regarding the optional "collision coverage" and "personal accident coverage" offered by these ports?  Yes  No  
 d. If (c) is yes, what is policy? \_\_\_\_\_  
 \_\_\_\_\_
12. a. If the port frequently rents cars from rental agencies, has an attempt to negotiate a standard collision deductible and liability limit been made with one or more of these agencies?  
 Yes  No  
 b. Comments, if yes: \_\_\_\_\_  
 \_\_\_\_\_
13. a. Are any vehicles:  
 i. Not subject to motor vehicle registration?  Yes  No  
 ii. Maintained solely for use on premises?  Yes  No  
 iii. Designed principally for use off public roads?  Yes  No  
 iv. Designed or maintained solely to afford mobility to equipment?  Yes  No  
 b. If any of the above are yes, should any of these be deleted from auto policy?  
 Yes  No  
 c. Comments: \_\_\_\_\_  
 \_\_\_\_\_
14. a. Do you have seasonal-type operations that result in the lay-up of any vehicle for thirty (30) or more consecutive days?  Yes  No  
 b. If yes, comment: \_\_\_\_\_  
 \_\_\_\_\_
15. a. Is there a vehicle maintenance program?  Yes  No  
 b. Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Obtain list of all vehicle lienholders (e.g., banks).

17. a. Do employees ever drive cars belonging to customers?  
 Often                       Occasionally                       Never  
 b. Indicate circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. a. Do you ever lease or loan vehicles to others?  Often     Occasionally     Never  
 b. Describe circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. a. Do you own or sponsor a car for racing?                       Yes                       No  
 b. Comments: \_\_\_\_\_  
 \_\_\_\_\_

20. a. Do you ever:  
     i. Pick up or deliver customer's cars?                       Yes                       No  
         Distance \_\_\_\_\_ miles.  
     ii. Perform tire recapping or retreading?                       Yes                       No  
     iii. Tow or haul vehicles of others?                       Yes                       No

21. Are any of your vehicles equipped with:  
 a. Anti-theft devices:                       All                       Some                       None  
 b. Alarms:                       All                       Some                       None

22. Indicate principal place(s) of garaging and relative values exposed to physical damage:

	Location City/State	No. Private Passenger	No. Trucks	Maximum Value Exposed	Minimum Value Exposed
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
6.				\$	\$
7.				\$	\$
8.				\$	\$
9.				\$	\$
10.				\$	\$

# PREMISES-OPERATIONS LIABILITY EXPOSURES

## Premises Hazards

1. a. Do you own any vacant land?  Yes  No  
b. Explain location, area, use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. a. Do you have any swimming pools, lakes, ponds, or reservoirs on or streams, rivers running through your properties or job sites?  Yes  No  
b. Explain access, uses, protective measures: \_\_\_\_\_  
\_\_\_\_\_  
c. Do you make a charge for their use?  Yes  No  
Annual receipts: \$ \_\_\_\_\_
  
3. a. Do you have any grandstands or auditoriums?  Yes  No  
b. Explain uses, number of seats, receipts, protective measures: \_\_\_\_\_  
\_\_\_\_\_
  
4. a. Do you own any recreational parks, exercise facilities, or other health salon-type facilities?  Yes  No  
b. Explain type, purpose, protective measures: \_\_\_\_\_  
\_\_\_\_\_
  
5. a. Do you own any horses, livestock, or wild animals?  Yes  No  
b. Explain type, purpose, protective measures: \_\_\_\_\_  
\_\_\_\_\_
  
6. a. Do you store any explosive, caustic, flammable, or volatile agents on any properties or job sites?  Yes  No  
b. Explain, particularly proximity to other persons or property: \_\_\_\_\_  
\_\_\_\_\_
  
7. a. Do you have any boilers, compressors, or pressure vessels on any of your properties or job sites?  Yes  No  
b. Explain nature, use, proximity to others' property/persons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Estimate value of surrounding non-owned buildings and premises.



Location: \_\_\_\_\_

North \$ \_\_\_\_\_  
South \$ \_\_\_\_\_  
East \$ \_\_\_\_\_  
West \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Location: \_\_\_\_\_

North \$ \_\_\_\_\_  
South \$ \_\_\_\_\_  
East \$ \_\_\_\_\_  
West \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Location: \_\_\_\_\_

North \$ \_\_\_\_\_  
South \$ \_\_\_\_\_  
East \$ \_\_\_\_\_  
West \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Location: \_\_\_\_\_

North \$ \_\_\_\_\_  
South \$ \_\_\_\_\_  
East \$ \_\_\_\_\_  
West \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

### Elevators

9. Do you have any of the following types of elevators?

Passenger       Freight       Escalators       Hoists

If so, describe (including height): \_\_\_\_\_

\_\_\_\_\_

10. a. Do the elevators require operators?       Yes       No

b. If yes, who furnishes the operators? \_\_\_\_\_

\_\_\_\_\_

11. a. Do you have an elevator maintenance contract?       Yes       No

b. If yes, describe contract: \_\_\_\_\_

\_\_\_\_\_

12. How often are inspections performed and by whom?

\_\_\_\_\_

\_\_\_\_\_

13. Are elevators equipped with interlocks or cargate contacts?       Yes       No

### Operational Hazards

14. a. Do you have nurses, paramedics, or other medical professionals at any of your facilities?

Yes       No

b. If yes, explain duties, training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Do these individuals carry personal professional liability insurance?       Yes       No

15. a. Do you have armed guards at any of your facilities?  yes  No  
 b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. a. Do you use any independent contractors?  Often  Occasionally  Never  
 b. Explain use: \_\_\_\_\_  
 \_\_\_\_\_  
 c. Obtain sample contracts if not already secured.  
 d. Approximate annual expenditures: \$ \_\_\_\_\_

17. a. Do you lease real property to others?  Yes  No  
 b. Obtain sample lease if not already secured.  
 c. Location, value, use: \_\_\_\_\_  
 \_\_\_\_\_

18. a. Do you rent or lease personal property to others?  Yes  No  
 b. Obtain sample lease/rental agreement if not already secured.  
 c. Type of property, value, use: \_\_\_\_\_  
 \_\_\_\_\_

19. a. Do you ever serve alcoholic beverages to others?  
 i. Employees  Frequently  Occasionally  Never  
 ii. Customers  Frequently  Occasionally  Never  
 iii. Members (i.e., clubs)  Frequently  Occasionally  Never  
 iv. General public  Frequently  Occasionally  Never  
 b. Annual receipts (if applicable): \$ \_\_\_\_\_ % of alcohol to food sales: \_\_\_\_\_ %  
 c. States in which liquor is sold, if applicable: \_\_\_\_\_  
 \_\_\_\_\_

20. a. Do you lease real property to others who sell, manufacture, or distribute alcoholic beverages to the public?  Yes  No  
 b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 c. Applicable states: \_\_\_\_\_  
 \_\_\_\_\_

21. a. In your operations do you own or use any:

		Own*		Use	
i.	Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii.	Watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii.	Barges or floats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv.	Docks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v.	Railroads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Refer to aircraft or watercraft questionnaires.

b. Explain use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. a. Do any of your employees, officers, or directors own watercraft?  Yes  No  
 Aircraft?  Yes  No  
 b. If yes, is there a company policy regarding business use?  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 c. Length of watercraft, if applicable: \_\_\_\_\_ feet
23. a. Do you ever use explosives in your operations?  Often  Occasionally  
 Never  Subcontractors use  
 b. Explain use, frequency, expertise, safeguards: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. a. Do your operations ever involve underground excavation?  
 Often  Occasionally  Never
25. a. Does your port publish any pamphlets, books, newsletters, magazines, etc.?  
 Yes  No  
 b. Obtain copies or samples.  
 c. Annual revenues: \$ \_\_\_\_\_
26. a. Does your port ever sponsor sports or athletic events or teams?  
 Often  Occasionally  Never  
 b. Discuss and explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
27. a. Do your operations ever involve nuclear isotopes or radioactive materials of any kind?  
 Often  Occasionally  Never  
 b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
28. Do you ever perform operations on or within 50 feet of the following:
- | Yes                      | No                       | Describe                 |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Rivers, streams          |
| _____                    |                          |                          |
| _____                    |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Lakes, ponds, reservoirs |
| _____                    |                          |                          |
| _____                    |                          |                          |

Yes      No      Describe

           Dams

---

---

           Railroads

---

---

           Chemical storage or  
processing facilities

---

---

           Power lines

---

---

           Oil or gas pipelines

---

---

           Airports or runways

---

---

           Aircraft

---

---

           Watercraft

---

---

29. a. Are any structural alterations or any construction projects currently underway or planned for the next 12 months?       Yes       No

b. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. a. Do you ever take possession of the personal property of others for any reason (e.g., storage, repair, transportation, collateral, etc.)?

Often  Occasionally  Never

b. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

c. Indicate value: \$ \_\_\_\_\_

31. a. Do you rent or lease any real property from others?

Often  Occasionally  Never

b. If yes, explain details, obtain lease: \_\_\_\_\_  
\_\_\_\_\_

c. Indicate value: \$ \_\_\_\_\_

32. a. Do you have any parking lots, garages, etc. on your (owned or leased) properties that are used by the public?  Yes  No

### Environmental Impairment

33. a. Do your operations generate any "hazardous wastes?"  Yes  No  Uncertain

b. If yes, explain details and methods of disposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Discuss measures taken to comply with federal, state, local regulations, laws and ordinances. Comments: \_\_\_\_\_  
\_\_\_\_\_

34. a. Has the property you are located in ever been used in the past for industrial or manufacturing purposes?  Yes  No

b. If yes, describe operations if known: \_\_\_\_\_  
\_\_\_\_\_

35. a. Are you located adjacent to a site or property that is listed as a hazardous waste site under any federal, state, or environmental statutes?  Yes  No

b. If yes, is it the subject of any environmental litigation or regulatory enforcement action?  Yes  No

36. Are there currently or in the past any of the following used or stored on premises?

- Pesticides
- Batteries (auto or industrial)
- Other chemicals (describe) \_\_\_\_\_
- Materials stored in steel industrial drums (55 gallon) \_\_\_\_\_
- Fiberglass bulk containers (dry chemicals) \_\_\_\_\_
- Paints
- Solvents

37. a. Do your operations require the use of potentially hazardous chemicals or substances (e.g., silicon, asbestos, PCBs, etc.)?  Yes  No  Uncertain

b. If yes, explain details including quantities, uses, methods of storage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. a. If your site was filled with dirt or other materials, do you have knowledge of source?

- Yes  No

b. If yes, was dirt/material from a contaminated site?  Yes  No

39. Was your site ever used as a landfill or for other waste disposal or treatment?

- Yes  No

40. Are you aware of any type of spill (chemical, oil or other material) at your premises?

- Yes  No

41. a. If you are served by a private water system or well, has it been designated as contaminated by any governmental or environmental authority?  Yes  No

b. When was the water supply last tested? \_\_\_\_\_

42. Are you aware of any lead or other metal contaminants in your drinking water?

- Yes  No

43. a. Do you have any underground storage tanks on any of your (owned or leased) properties?  Yes  No  Uncertain

b. If yes, give details including location, age, use: \_\_\_\_\_  
\_\_\_\_\_

c. Describe any monitoring procedures and seepage control methods: \_\_\_\_\_  
\_\_\_\_\_

44. a. Do you have any special storage areas for wastes, flammable materials, or any other type of hazardous compounds?  Yes  No

b. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

c. Is there any evidence of environmental contamination (e.g., foul odors, dead vegetation, frothy water, etc.)?  Yes  No

45. a. Do you own an interest in any oil or gas wells or pipelines?  Yes  No

- b. If yes, explain type of ownership, number of wells: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
46. a. Do you perform operations for others that could result in a pollution incident?  
 Yes  No
- b. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
47. a. Do any of your buildings or premises contain:
- |                               |                              |                             |                                    |
|-------------------------------|------------------------------|-----------------------------|------------------------------------|
| i. Asbestos?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| ii. Transformers with PCBs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| iii. Formaldehyde insulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| iv. Evidence of radon?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
- b. Location(s), corrective measures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
48. a. Has your port ever been cited by the EPA or the state for violation of a law, regulation or ordinance?  
 Yes  No
- b. Details: \_\_\_\_\_  
 \_\_\_\_\_
49. Indicate distance (in miles) from operations and any of the following:
- |                                    |              |
|------------------------------------|--------------|
| _____ Agriculture                  | _____ Lakes  |
| _____ Tourist or recreational area | _____ Rivers |
| _____ Forests                      |              |

### Advertising

50. a. What is the approximate annual advertising budget?  
 Last year: \$ \_\_\_\_\_ This year: \$ \_\_\_\_\_ Next year: \$ \_\_\_\_\_
- b. Do you use an advertising agency?  Always  Sometimes  Never
- c. Is advertising copy reviewed by:
- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Risk manager?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outside legal counsel ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employed legal counsel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

51. Indicate media used and approximate extent of use:

Television	_____ %
Radio	_____ %
Newspaper	_____ %
Magazine	_____ %
Direct Mail	_____ %
Other*	_____ %
	100%

\*Please describe: \_\_\_\_\_  
 \_\_\_\_\_

52. If comments or pictures are used in advertising, are signed releases obtained?

Yes       No

### Employee Benefit Plan Exposures

53. a. Types of benefit plans in use, self-funded?

Use	Self-Funded?	
<input type="checkbox"/> Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Profit sharing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Group medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Dental	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Prepaid legal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Group life	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Long-term disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Short-term disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

54. a. Are there any pension, profit sharing, or similar plans that might give rise to an exposure under ERISA?  Yes       No

b. If yes, explain type and name of plan(s), trustees, assets, method of funding:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

55. a. Does personnel director consult with employees regarding benefit plans and personal financial planning?  Yes       No

b. In the event of an appeal on benefits denial, is there an established procedure for a Benefit Plan Review Board?  Yes       No

c. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Personnel Practices/Relations

56. a. Employee breakdown — indicate approximate percentages.

**Total Workforce**

**Executives/Officers**

Male _____%	Caucasian _____%	Male _____%	Caucasian _____%
Female _____%	Minorities _____%	Female _____%	Minorities _____%
Total 100%	Total 100%	Total 100%	Total 100%

- b. Is your port an "equal opportunity employer?"  Yes  No
- c. Has your port ever had (i) an EEOC suit lodged against it?  Yes  No  
 or (ii) wrongful termination suit lodged against it?  Yes  No
- d. If (c) is yes, give details, result: \_\_\_\_\_

57. a. Is there an employee handbook?  Yes  No
- b. Obtain copy if not already secured.

58. a. Is your port unionized?  Yes  No
- b. Name of union: \_\_\_\_\_
- c. Describe relationship: \_\_\_\_\_

- d. Any contracts up for renegotiation in the next 24 months?  Yes  No  
 Date of expiration: \_\_\_\_\_

59. a. If 61 is no, have your employees ever attempted to unionize?  Yes  No
- b. Outcome/Comments: \_\_\_\_\_

60. a. In general, do you use subcontractors that are unionized?  Yes  No

61. a. Have you adopted a formal drug and alcohol abuse policy?  Yes  No
- b. Describe: \_\_\_\_\_

62. a. Have you taken steps to comply with the Americans with Disabilities Act (ADA)?  Yes  No

- b. Comments: \_\_\_\_\_

## COMPLETED OPERATIONS LIABILITY EXPOSURES

1. a. Exposure activity
 

<input type="checkbox"/> Construction <input type="checkbox"/> Drilling <input type="checkbox"/> Fuel/chemical delivery <input type="checkbox"/> Installations <input type="checkbox"/> Loading/stevedoring <input type="checkbox"/> Maintenance <input type="checkbox"/> Pesticide/herbicide application	<input type="checkbox"/> Repairs <input type="checkbox"/> Other, describe: _____ _____ _____
---	---
- b. General description of major activity: \_\_\_\_\_  
 \_\_\_\_\_
  
2. a. Does your port perform any design or engineering services as part of your activities?
 

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------
- b. If yes, is this work performed by your *employees*?
 

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------
- c. Is this work ever done by *subcontractors*?
 

	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
--	--------------------------------	---------------------------------------	--------------------------------
- d. If (c) is yes, do you require and maintain evidence of professional liability insurance?
 

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------
  
3. a. Does your port perform any construction management services?
 

	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
--	--------------------------------	---------------------------------------	--------------------------------
- b. Annual construction management fees: \$ \_\_\_\_\_
- c. If a is yes, do you ever simultaneously engage in construction operations?
 

	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
--	--------------------------------	---------------------------------------	--------------------------------
  
4. a. What percentage of work is subcontracted? \_\_\_\_\_%
- b. For the upcoming year, what is the estimated "cost of the work sublet?" \$ \_\_\_\_\_
  
5. a. Does your port ever own the property being installed, erected, or constructed?
 

	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
--	--------------------------------	---------------------------------------	--------------------------------
- b. If yes, is the property ever put to its intended use, other than testing, prior to the transfer of ownership?
 

	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
--	--------------------------------	---------------------------------------	--------------------------------
- c. At what point is property ownership transferred?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. a. Does your port modify, assembly, or install the products of others?
 

	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
--	--------------------------------	---------------------------------------	--------------------------------
- b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. What is the ultimate value of the end work-product on which you perform operations (include value added by all other contractors or ports):
 

i.	Average value	\$ _____
ii.	Highest value	\$ _____

8. a. If you perform maintenance or repair operations, what is the value of:

	Average Value	Maximum Value
i. The component or part on which you work:	\$ _____	\$ _____
ii. The machine, device, or structure:	\$ _____	\$ _____
iii. The facility, enclosure, or building:	\$ _____	\$ _____

b. Could a malfunction resulting from your repairs or maintenance:

- i. Totally destroy (ii) in (a) above?  Yes  No
- ii. Totally destroy (iii) in (a) above?  Yes  No

c. Discuss and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. a. Have you ever performed work outside the U.S., Canada, and Puerto Rico?

Yes  No

b. If so, explain type of work, dated completed, and other pertinent details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. a. Have you ever performed work:

- i. As a joint venture partner?  Yes  No
- ii. Where insurance was provided under a "wrap-up" or owner controlled insurance plan?  
 Yes  No

b. Describe, including approximate date, type of work, insurance coverage still in effect (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. a. Have you ever been involved in experimental or untested methods of construction?

Yes  No

b. Explain, including approximate date, type of work, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Type of construction (contractors):

Indicate percentage of the type of projects undertaken:

**Building Construction**

- Commercial \_\_\_\_\_%
- Educational \_\_\_\_\_%
- Hospitals-health care \_\_\_\_\_%
- Public assembly \_\_\_\_\_%
- Recreational \_\_\_\_\_%

**Industrial Construction**

- Bulk storage facilities \_\_\_\_\_%
- Heavy industrial plants \_\_\_\_\_%
- Manufacturing and assembly plants \_\_\_\_\_%
- Refineries, petrochemical \_\_\_\_\_%
- Ammonia and urea plants \_\_\_\_\_%

**Highway Construction**

- Drainage \_\_\_\_\_%
- Excavation \_\_\_\_\_%
- Highway bridges \_\_\_\_\_%

**Heavy Construction**

- Dams \_\_\_\_\_%
- Large bridges \_\_\_\_\_%
- Marine \_\_\_\_\_%
- Tunnels \_\_\_\_\_%

**Residential Construction**

- Single family \_\_\_\_\_%
- Low-rise multifamily \_\_\_\_\_%
- High-rise multifamily \_\_\_\_\_%

**Other Projects**

- \_\_\_\_\_%
- \_\_\_\_\_%
- \_\_\_\_\_%
- \_\_\_\_\_%

## CONTRACTUAL LIABILITY EXPOSURES

1. a. Does the port have a formalized (and used) procedure for review contracts from a risk management/insurance perspective?  Yes  No
- b. If so, who does this review:
  - Risk Manager
  - Insurance agent/broker
  - Contract manager
  - Legal counsel
  - Other: \_\_\_\_\_
- c. Describe procedure and qualifications of reviewer(s), if not obvious from title:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  
2. a. Does the port require the following types of "suppliers" to meet certain minimum levels of insurance?
 

Contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Materials/parts suppliers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services firms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consultants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attorneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accountants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Armored car services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EDP services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- b. Are certificates of insurance required?  Always  Occasionally  Never
- c. If certificates are required, is there a "tickler"/follow-up system to assure that current certificates are always on file?  Yes  No
- d. Details/Comments: \_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  
3. a. Does the port have a standard hold harmless clause that it attempts to implement in all contracts with suppliers and service providers?  Yes  No
- b. Has this clause been periodically reviewed by:
 

Legal counsel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk management advisers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  
4. a. Does the port ever require others to name it as an additional insured on the "others" liability insurance?  Often  Occasionally  Never
- b. In general, when is this requirement made?
  
5. a. Is there a system for notifying the port's insurance representative of contract insurance requirements made of it in contracts with others (e.g., adding them as additional insureds to your policies)?  Yes  No

b. Explain the system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. a. Do you lease real or personal property to others?  Yes  No  
b. If so, do you:  
i. Require certain minimum levels of insurance?  Yes  No  
ii. Require certificates?  Yes  No  
iii. Have a system to keep certificates current?  Yes  No  
c. Obtain sample lease if not already secured.
7. On property rented to others:  
a. Are tenants held liable for fire rate increases in building due to occupancy?  Yes  No  
b. Are tenants required to carry insurance in your favor for:  
i. Fire insurance?  Yes  No  
ii. Liability insurance?  Yes  No  
c. Are tenants responsible for repairs and maintenance?  Yes  No
8. a. Do you utilize a custom insurance certificate?  Yes  No  
b. Obtain a copy.

# PROFESSIONAL/ERRORS AND OMISSIONS

## Liability Exposures

1. Does the port or any subsidiary or affiliate perform any of the following services for others either with its own personnel or by way of subcontractors?

	In-house	Subcontract	Annual Revenues
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Actuarial	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Advertising	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Ambulance/Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Architectural	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Attorneys	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Claims Adjusting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Collection Agents	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Construction Management	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Consulting/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Data Processing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Design	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Escrow Agent	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Engineering/Testing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Insurance Sales/Service	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Medical	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Nursing/Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Notary Public	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Property Appraisal	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Public Office	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Safety/Loss Control Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Security Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

2. List individuals

Name	Activity/Service	Qualifications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Generally, describe quality control/loss control activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONNEL AND WORKERS' COMPENSATION EXPOSURES

1. a. List all states in which operations are currently taking place: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. List all states, not included in above, where it is anticipated that operations will begin within 12 months: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c. Are there any operations currently conducted or planned in any of the following monopolistic fund states (check applicable states)?  Yes  No
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Nevada       | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington          |
| <input type="checkbox"/> Ohio         | <input type="checkbox"/> West Virginia       |
| <input type="checkbox"/> Puerto Rico  | <input type="checkbox"/> Wyoming             |

2. a. Do any employees regularly travel on temporary assignment overseas or is any overseas travel planned for the next 12 months:  
 Often  Occasionally  Never  Planned
- b. List countries; number of personnel, activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. a. If there are any ongoing permanent or long-term foreign operations, fill in chart below:

Country	# U.S. Nationals	# Foreign Nationals	Type of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- b. Are compulsory insurance requirements known and complied with?  Yes  No  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. a. Does the port perform operations on or have employees who regularly work on foreign U.S. defense bases or public works projects outside the U.S. (Defense Base Act)?  Yes  No
- b. Location, number employees, payroll: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. a. Does the port own, rent, or operate or are operations performed on docks, piers, wharves, etc. (USL&H)?  Yes  No
- b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



6. a. Does the port own or operate any ships, boats, barges, etc. or would employees have any occasion to work aboard such conveyances?  Yes  No  
 b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. a. Are any operations performed on the Outer Continental Shelf?  
 Often  Occasionally  Never  
 b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. a. Does the port employ or use any of the following types of workers that may not be subject to the workers compensation law?  
 Farm workers  Volunteers  
 "Casual" (irregular, special job) employees  Corporations with less than 3 employees  
 Domestic employees  Other: \_\_\_\_\_  
 b. Indicate state(s), operations, other details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. a. Does the port perform operations or have employees who would be subject to the Migrant and Seasonal Agricultural Workers Compensation Act?  Yes  No  
 b. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. a. Does the port own a railroad (FELA)?  Yes  No  
 b. Obtain payrolls, number employees, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. a. Is there a potential for multiple injuries, illness, death, or disability of employees from:

Event	Max. No. Employees Exposed	Estimate Likelihood			
		Nil	Slight	Mod.	High
Corp. Owned Aircraft Disaster					
Commercial Aircraft Disaster					
Car or Van Pool Accidents					
Rail Travel Disaster					
Other Travel Disasters					
Epidemic					
Sabotage/Assassination					
Exposure to Asbestos, Silicon, Other Harmful Agents					
Industrial Accident (e.g., explosion, building collapse, pollution release, etc.)					

b. Is there a corporate policy concerning the number of key individuals who travel together?

Yes  No

Details: \_\_\_\_\_  
 \_\_\_\_\_

12. a. Estimate exposure to kidnap/ransom (K&R):  High  Intermediate  Low

b. Is there a formal K&R plan in place?  Yes  No

c. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. a. List the names of the following key personnel:

Risk/insurance manager \_\_\_\_\_  
 Safety manager \_\_\_\_\_  
 Maintenance/engineer manager \_\_\_\_\_  
 Plant superintendent \_\_\_\_\_  
 Controller \_\_\_\_\_  
 Personnel director \_\_\_\_\_  
 First aid director \_\_\_\_\_  
 Purchasing agent \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_

b. List key individuals necessary to continue operations, continue sales volume, continue important research and development, or otherwise necessary for continued business prosperity:

Name	Title	Function	Age	Est. Economic Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. a. If a sole proprietorship or partnership, is there a funded buy-sell agreement?  Yes  No

b. Does it contemplate long-term disability as well as death?  Yes  No

15. a. Is there a safety director?  Yes  No

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Location: \_\_\_\_\_

16. a. Is there a corporate safety policy statement?  Yes  No

b. Obtain copy.

17. a. Is there a safety manual?  Yes  No

b. Obtain a copy.

18. a. Are periodic safety meetings held?  Yes  No  
 b. How often, and with whom? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. a. Are pre-employment physicals used?  Yes  No  
 b. What positions? \_\_\_\_\_  
 \_\_\_\_\_
20. Is pre-employment testing for any of the following conducted?
- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Alcohol abuse                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug abuse                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tendencies toward dishonest acts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Psychological stability          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety attitudes                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
21. a. Are annual physicals required of any employees?  Yes  No  
 b. What positions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Do any employees have physical handicaps?  Yes  No
23. a. Are any employees under 18 years old?  Yes  No  
 b. Are work permits required?  Yes  No
24. a. Is there a formalized accident investigation procedure which requires prompt notification with details (preferably on a standardized form)?  Yes  No  
 b. Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Have Job Safety Analyses (JSAs) been performed on positions requiring physical exertion or the handling/use of potentially harmful agents?  Yes  No
26. a. Has an effort to identify all potentially hazardous chemicals, agents, materials been made?  Yes  No  
 b. If yes, are records maintained regarding handling precautions, emergency treatment?  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Are such materials labeled?  Yes  No
27. a. Is there a formal system for accident records and analysis?  Yes  No  
 b. Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
28. a. Are you ever inspected by OSHA?  Frequently  Occasionally  Not to Date  
 b. Date of last inspection: \_\_\_\_\_  
 c. Ever cited or fined?  Yes  No

- d. Describe c: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
29. a. Does the port maintain a first-aid station or dispensary?  Yes  No  
 b. Is there a doctor or nurse on staff?  Yes  No  
 c. If no nurse or doctor, do you have employees trained in first aid and CPR?  Yes  No
30. Are employees provided with health plans as a benefit?  Yes  No
31. a. Are employees exposed to riding in special equipment such as man lifts, cranes, etc.?  Yes  No  
 b. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
32. a. Is there any unusual noise exposure?  Yes  No  
 b. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
33. Is there any work performed:  
 a. Underground?  Yes  No  
 b. Above 15 feet?  Yes  No
34. a. Are subcontractors used for any of your operations?  Yes  No  
 b. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Are certificates of insurance required?  Yes  No
35. a. Do you sponsor any employee athletic team?  Yes  No  
 b. If yes, describe activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
36. a. Is there a labor interchange with any other business or subsidiary?  Yes  No  
 b. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
37. a. Do you lease employees to or from other employers?  Yes  No  
 b. On what basis?  Short-term  Long-term
38. Do you have employees working predominantly at home?  Yes  No

## OWNED/LEASED AIRCRAFT LIABILITY AND PHYSICAL DAMAGE EXPOSURES

1. Check Aircraft Exposure

	Type	Describe Use
<input type="checkbox"/>	Fixed wing	_____
<input type="checkbox"/>	Helicopters	_____
<input type="checkbox"/>	Balloons, blimps	_____
<input type="checkbox"/>	Hang gliders	_____
<input type="checkbox"/>	Missile, rockets	_____
<input type="checkbox"/>	Satellites	_____
<input type="checkbox"/>	Other: _____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

2. Obtain the following information on each aircraft:

a. Make, model: \_\_\_\_\_

b. Year: \_\_\_\_\_

c. FAA number: \_\_\_\_\_

d. Seating capacity, crew: \_\_\_\_\_

e. Seating capacity, passengers: \_\_\_\_\_

f. Number engines, type: No.: \_\_\_\_\_ Type: \_\_\_\_\_

g. Purchased:  New  Used

h. Purchase price: \$ \_\_\_\_\_

i. Current value: \$ \_\_\_\_\_

j. Engine hours since new: \_\_\_\_\_; since last overhaul: \_\_\_\_\_

k. Use in last 12 months: \_\_\_\_\_ hours

l. Location of base: City: \_\_\_\_\_ Airport: \_\_\_\_\_

m. Hangared?  Yes  No  
Tiedown?  Yes  No

n. Lienholder: \_\_\_\_\_

o. Indicate manner in which aircraft is used:  
 Pleasure \_\_\_\_\_% Charter \_\_\_\_\_%  
 Business \_\_\_\_\_% Instruction \_\_\_\_\_%  
 If chartered, indicate purpose: \_\_\_\_\_

3. a. Are any aircraft equipped for amphibious landing?  Yes  No
- b. List aircraft

\_\_\_\_\_

\_\_\_\_\_

4. a. Are these aircraft ever used for travel outside the continental U.S. or Canada?  Yes  No

b. List countries:

i. _____	iv. _____
ii. _____	v. _____
iii. _____	vi. _____

c. Any need to purchase insurance from an admitted carrier in these countries (e.g., Mexico)?

Yes  No

List country numbers from above: \_\_\_\_\_

d. Estimate political risk exposure (e.g., expropriation) in these countries:

High  Moderate  Low  Nil

5. a. Do you own any:

Hangars?

Yes  No

Airfields, airports?

Yes  No

Refueling facilities/tankers?

Yes  No

Repair/service facilities?

Yes  No

b. Obtain location, description: \_\_\_\_\_

c. Are these used by the public?

Yes  No

d. Are they FAA-controlled?

Yes  No

6. Obtain the following information on each pilot:

a. Age: \_\_\_\_\_

b. Ratings: \_\_\_\_\_

c. Hours logged:

i. Total: \_\_\_\_\_ hrs.

ii. Last 12 months: \_\_\_\_\_ hrs.

iii. Last 90 days: \_\_\_\_\_ hrs.

d. Any physical impairments?

Yes  No

e. Annual physical required?

Yes  No

f. Any FAA citations?

Yes  No

Describe: \_\_\_\_\_

g. Are pilots required to complete recurrent training sessions?  Yes  No

7. a. Are owned aircraft ever used to transport the public (e.g., customers, prospects, etc.)?

Often  Occasionally  Never

b. For a fee?

Yes  No

Describe: \_\_\_\_\_

8. a. Does port have lease/rental agreement with regard to non-owned and leased aircraft?

Yes  No

b. Indicate party responsible for all physical damage to aircraft: \_\_\_\_\_

c. Indicate amounts of hull and liability insurance in lease/rental agreement:

i. Hull: \_\_\_\_\_

ii. Liability: \_\_\_\_\_

d. Indicate party responsible for operation and maintenance decisions: \_\_\_\_\_

## OWNED/LEASED WATERCRAFT LIABILITY AND PHYSICAL DAMAGE EXPOSURES

1. Check watercraft exposure

	Type	Describe Use
<input type="checkbox"/>	Pleasure boats, yachts	_____
<input type="checkbox"/>	Tugs	_____
<input type="checkbox"/>	Fishing boats	_____
<input type="checkbox"/>	Barges	_____
<input type="checkbox"/>	Freighters	_____
<input type="checkbox"/>	Tankers	_____
<input type="checkbox"/>	Submersibles	_____
<input type="checkbox"/>	Drilling rigs	_____
<input type="checkbox"/>	Other: _____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

2. Obtain the following information on each watercraft:

a.	Name of boat:	_____
b.	Make, model:	_____
c.	Registration number:	_____
d.	Year built:	_____
e.	Length:	_____
f.	Power:	_____
g.	Engine serial number:	_____
h.	Maximum speed:	_____
i.	Crew size:	_____
j.	Passenger size:	_____
k.	Type of hull:	_____
l.	Hull identification number:	_____
m.	Usual cargo:	_____
n.	Cargo capacity:	_____ tons
o.	Waters traveled:	_____
p.	Home port:	_____
q.	Lay-up period:	_____
r.	Country of registration:	_____
s.	Purchased:	<input type="checkbox"/> New <input type="checkbox"/> Used
t.	Purchase price:	\$ _____
u.	Est. current value:	\$ _____

3. Obtain the following additional information on each leased watercraft:

a.	Lessor:	_____
		(Name)
		_____
		(Address)
		_____
		(City, State, Zip)
b.	Duration of lease:	_____

- c. Annual rental payment: \_\_\_\_\_
- d. Responsibility for insurance? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. a. Watercraft ever used for travel to (or operate out of) countries other than U.S. or Canada?  
 Yes  No
- b. List countries: \_\_\_\_\_  
 \_\_\_\_\_
- c. Estimate political risk exposure (e.g., expropriation):  
 High  Moderate  Slight  Nil
5. a. Does your port ever:
- |                                    |                                |                                       |                                |
|------------------------------------|--------------------------------|---------------------------------------|--------------------------------|
| Charter watercraft from others?    | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Charter your watercraft to others? | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Crew the boats, ships of others?   | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Repair the boats, ships of others? | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
- b. Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. a. Do you employ a paid crew?  Yes  No
- b. Qualifications, experience: \_\_\_\_\_  
 \_\_\_\_\_
7. a. Are pleasure craft ever used for:
- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| i. Racing?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Water skiing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Comments: \_\_\_\_\_  
 \_\_\_\_\_



# REAL AND PERSONAL PROPERTY EXPOSURES

## General Information

1. Are any of the port's properties\* located in an area prone to:

**\*Location**

- |                          |                    |       |
|--------------------------|--------------------|-------|
| <input type="checkbox"/> | Flood              | _____ |
| <input type="checkbox"/> | Earthquake         | _____ |
| <input type="checkbox"/> | Sinkholes          | _____ |
| <input type="checkbox"/> | Volcanic eruption  | _____ |
| <input type="checkbox"/> | Mudslide/landslide | _____ |
| <input type="checkbox"/> | Avalanche          | _____ |
| <input type="checkbox"/> | Subsidence         | _____ |

2. a. Do all owned buildings meet *current* code requirements?  
 Probably       Possibly not       Probably not
- b. What locations are least likely to meet current code requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Estimate of additional cost to meet standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Indicate any owned or leased locations where the following conditions may exist or operations are conducted:

**Conditions/Operations**

**Location(s)**

- |  |       |
|--|-------|
| Boilers                                | _____ |
| Pressure vessels                       | _____ |
| Foundries                              | _____ |
| Explosives storage                     | _____ |
| Inflammables storage                   | _____ |
| Radioactive material storage           | _____ |
| Corrosive material storage             | _____ |
| Welding                                | _____ |
| Hazardous waste generation/<br>storage | _____ |

4. Are any owned or leased buildings or facilities located downstream from a dam?  
 Yes       No
5. a. How have insurable values been established?  
 Appraisal by qualified firm  
 Discussions with contractors or architects  
 Inspections by company personnel using published "appraisal system"  
 Accounting records  
 "Best guess"



13. a. Do you own any of the following types of property?

Type	Location	Est. Value
<input type="checkbox"/> Towers	_____	\$ _____
<input type="checkbox"/> Transmitting equipment	_____	\$ _____
<input type="checkbox"/> Antennae	_____	\$ _____
<input type="checkbox"/> Bridges	_____	\$ _____
<input type="checkbox"/> Tunnels	_____	\$ _____
<input type="checkbox"/> Piers, wharves docks	_____	\$ _____
<input type="checkbox"/> Fences and gates	_____	\$ _____

b. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. On property rented from others:

- a. Name and address of lessor: \_\_\_\_\_  
 \_\_\_\_\_
- b. Indicate amount of rent (monthly, annual): \_\_\_\_\_  
 \_\_\_\_\_
- c. Term of lease and expiration date: \_\_\_\_\_  
 \_\_\_\_\_
- d. Is a renewal option available:  Yes  No
- e. Indicate any premium paid for lease: \_\_\_\_\_
- f. Are you responsible for repairs and maintenance?  Yes  No

### Personal Property of Others

- 15. a. Any goods held on consignment?  Yes  No
- b. Value: \$ \_\_\_\_\_
- c. Nature: \_\_\_\_\_
- 16. a. Any personal property of employees (e.g., tools) for which port is responsible?  Yes  No
- b. Value: \$ \_\_\_\_\_
- 17. See also premises-operations liability (care, custody, or control).

### Machinery, Equipment, Tools, Dies, etc.

- 18. a. Are there any machinery, equipment, tools, dies, etc., that are absolutely essential to operations?  Yes  No

b. List: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c. Would any of the above be difficult to replace in a timely manner?  Yes  No  
 d. Have any contingency plans been made to secure replacements or utilize a different process?  
 Yes  No

e. Describe contingency plan: \_\_\_\_\_  
 \_\_\_\_\_

f. If damage to equipment were to cause suspension of operations, what is the estimated daily loss? \_\_\_\_\_  
 \_\_\_\_\_

g. What is the maximum probable period of shutdown? \_\_\_\_\_  
 \_\_\_\_\_

19. a. Are food or other perishables stored in a refrigerator or freezer system?  Yes  No

b. List

Location	Average Value	Maximum Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. a. Is any important equipment subject to accidental breakdown?  Yes  No  
 b. Should insurance be considered?  Yes  No

21. Is an inventory of replacement parts maintained?  Yes  No

22. a. How would you describe the maintenance program?  
 Excellent  Poor  Good  Nonexistent  Fair

b. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. a. Is machinery or equipment subject to damage from power surges, power outages, or "brown-outs"?  Yes  No  
 b. Have any protective safeguards been taken?  Yes  No

c. Describe safeguards: \_\_\_\_\_  
 \_\_\_\_\_

d. In the event of a breakdown or disruption, are alternate power and light readily available?  Yes  No

24. Are designs of custom equipment, tools, or dies duplicated and stored off premises?  Yes  No

25. Indicate value of any office equipment (typewriters, copy machines, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. Do you have any promotional material (signs, models, exhibits, etc.) that might represent a substantial financial loss if damaged?  Yes  No

a. If yes, describe and determine value: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. Do you have security devices (cameras, alarms, smoke detectors, etc.) installed in your premises?  Yes  No

28. Do you have recreational facilities on premises?  Yes  No

a. If yes, describe facilities and equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Indicate value of equipment at said facilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Stock (Raw, in Process, and Finished)**

29. a. Is any stock subject to damage from the following?

Peril	Location	Value
<input type="checkbox"/> Extremes of temperature	_____	\$ _____
<input type="checkbox"/> Dampness of atmosphere	_____	\$ _____
<input type="checkbox"/> Light	_____	\$ _____
<input type="checkbox"/> Darkness	_____	\$ _____
<input type="checkbox"/> Sound/noise	_____	\$ _____
<input type="checkbox"/> Contamination	_____	\$ _____
<input type="checkbox"/> Bacteria	_____	\$ _____
<input type="checkbox"/> Mold	_____	\$ _____
<input type="checkbox"/> Mildew	_____	\$ _____

b. Protective safeguards: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

30. a. Does port own any of the following?

Property	Value
<input type="checkbox"/> Growing crops	\$ _____
<input type="checkbox"/> Livestock	\$ _____
<input type="checkbox"/> Show horses/race horses	\$ _____
<input type="checkbox"/> Other valuable animals:	\$ _____
_____	\$ _____
_____	\$ _____

- b. Should insurance be considered?  Yes  No
31. a. Does value of stock on hand vary during the year?  Yes  No  
 b. Maximum value: \$ \_\_\_\_\_  
 c. Minimum value: \$ \_\_\_\_\_
32. a. Do others hold your property on consignment?  Yes  No  
 b. List distributors, minimum, maximum value on hand: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 c. Who is responsible for insurance? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Plate Glass and Signs

33. a. Do any of your buildings have high valued, decorative or stained glass?  Yes  No  
 b. If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 Can you estimate the replacement value? \$ \_\_\_\_\_  
 c. Complete Plate Glass Schedule (pre-interview section) if not previously done.  
 d. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
34. a. Does any of the glass have lettering?  Yes  No  
 b. If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 c. Indicate value: \$ \_\_\_\_\_
35. a. Do you own any neon or other high valued signs or billboards?  Yes  No  
 b. Can you estimate total values? \$ \_\_\_\_\_  
 c. Are any located off of your premises?  Yes  No  
 d. Complete Neon Sign Schedule (pre-interview section) if not previously done.  
 e. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Fine Arts

36. Does the port own any:

Item(s)	Location(s)	# Items	Total Value
<input type="checkbox"/> Fine arts?	_____	_____	\$ _____
<input type="checkbox"/> Antiques?	_____	_____	\$ _____
<input type="checkbox"/> Antique/classic autos?	_____	_____	\$ _____

37. a. Does the port allow others to exhibit fine arts in its buildings?  
 Often                       Occasionally                       Never
- b. Maximum value exposed? \$ \_\_\_\_\_

### Valuable Papers

38. a. Types of valuable papers:
- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Maps           | <input type="checkbox"/> Manuscripts            | <input type="checkbox"/> Leases |
| <input type="checkbox"/> Plans          | <input type="checkbox"/> Files                  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Patents and copyrights | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Blueprints     | <input type="checkbox"/> Contracts              | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Plates         | <input type="checkbox"/> Titles and deeds       | <input type="checkbox"/> _____  |
- b. What would be the effect of loss or destruction? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Cost to recreate? \_\_\_\_\_  
 \_\_\_\_\_
39. a. Are valuable papers duplicated and stored off premises?       Yes                       No
- b. Where? \_\_\_\_\_  
 \_\_\_\_\_
40. Are valuable papers stored in:
- U.L.-approved fireproof cabinets while on premises?
- Safe or vault?
- Other, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Accounts Receivable

41. a. Are accounts receivable duplicated (back-up) and stored off premises?  
 Daily                       Monthly                       Weekly                       Never
- b. What would be the cost to recreate the records that would be lost in a catastrophe?  
 \$ \_\_\_\_\_
42. Are these records kept in:
- U.L.-approved fire resistant cabinets?
- Safe or vault?
- Other, describe: \_\_\_\_\_  
 \_\_\_\_\_
43. Accounts receivable values:
- a. Highest amount during year: \$ \_\_\_\_\_ (Usual month(s): \_\_\_\_\_)
- b. Lowest amount during year: \$ \_\_\_\_\_ (Usual month(s): \_\_\_\_\_)
- c. Average monthly amount: \$ \_\_\_\_\_

## Miscellaneous Personal Property

44. a. Do you own a significant amount of any of the following types of property?

Type	Est. No. Units	Est. Total Value	Location
Camera, photographic	_____	\$ _____	_____
Electronic (not EDP)	_____	\$ _____	_____
Radio receivers/ Transmitters	_____	\$ _____	_____
Sports equipment	_____	\$ _____	_____
Railroad rolling stock	_____	\$ _____	_____
Tools	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

b. Comments/use/importance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Mobile (i.e., Contractor's) Equipment

45. a. Do you ever:
- i. Loan your equipment to others?     Often       Occasionally       Never
  - ii. Rent your equipment to others with operators?  
     Often                     Occasionally             Never
  - iii. Rent your equipment to others without operators?  
     Often                     Occasionally             Never

b. Comments/Rental Income: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

46. a. Do you ever:
- i. Borrow equipment from others?     Often                     Occasionally             Never
  - ii. Rent equipment from others?     Often                     Occasionally             Never

b. Highest value of equipment borrowed/rented: \$ \_\_\_\_\_  
 c. Lowest value of equipment borrowed/rented: \$ \_\_\_\_\_

47. a. Do you operate your equipment from barges, boats, watercraft, etc.?  
     Often                     Occasionally             Never

b. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

48. Do any of your cranes or derricks have booms over 40 feet in length?     Yes                     No



49. a. Do operators know the weight limitations of their equipment and do they use care not to exceed them?  Yes  No  
 b. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
50. a. Is there an ongoing maintenance program?  Yes  No  
 b. Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
51. a. Do you plan any major equipment purchases during the next 12 months?  Yes  No  
 b. Describe (incl. est. cost): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
52. a. Is any equipment used underground?  Yes  No  
 b. Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
53. a. Where is equipment stored when not in use? \_\_\_\_\_  
 b. Indicate protective measures taken:  
 Anti-theft devices  Guard dogs  
 Fence  Equipped with fire extinguishers  
 Lighting  Gas cap locks  
 Night watchman  \_\_\_\_\_

### Data Processing

54. Is the computer room equipped with a smoke and heat detection system?  Yes  No
55. a. Is the computer room equipped with an automatic fire suppressant system?  Yes  No  
 b. Indicate type:  
 Halon  CO<sup>2</sup>  
 Sprinkler  Other: \_\_\_\_\_  
 c. Does activation of this system:  
 i. Sound a local alarm?  Yes  No  
 ii. Sound an alarm at a remote location?  Yes  No  
 iii. Automatically shut down computers?  Yes  No  
 iv. Automatically shut down air conditioning?  Yes  No
56. Is the EDP room physically separated from the media storage area?  Yes  No
57. a. How many days per week to you process? \_\_\_\_\_ days  
 b. On average, how many hours per day do you process? \_\_\_\_\_ hours/day
58. How long do you think it would take to replace the immediate environment housing the EDP operations? \_\_\_\_\_

59. a. Are duplicate programs maintained?  Yes  No  
 b. Are they stored in a totally separate location?  Yes  No  
 c. How frequently are they updated? \_\_\_\_\_
60. a. Is media duplicated?  Yes  No  
 b. Is it stored in a total separate location?  Yes  No  
 c. How frequently is it updated? \_\_\_\_\_
61. How long do you think it would take to replace your hardware? \_\_\_\_\_
62. a. Is your hardware configuration "unique?"  Yes  No  
 b. If so, is a duplicate configuration stored in a totally separate location?  Yes  No
63. a. Would loss of your EDP equipment cause an interruption of your income stream?  
 Yes  No  
 b. If so, estimate loss per month: \$ \_\_\_\_\_
64. a. If your EDP capability was lost, could you continue these functions manually?  
 Yes  No  
 b. If so, estimate additional cost per month: \$ \_\_\_\_\_
65. a. Is there a formal policy with respect to the installation of new software on corporate  
 personal computers by employees?  Yes  No  
 b. Comments: \_\_\_\_\_  
 \_\_\_\_\_
66. a. Is new software tested for viruses?  Yes  No  
 b. Comments: \_\_\_\_\_  
 \_\_\_\_\_
67. Have measures been taken to secure the PBX (phone) system from access by outside computer  
 hackers?  Yes  No

## ENCLOSURES

Please include each of the following items:

- Annual Report
- Port map and marketing brochure
- 5-year loss history. Give dates of loss, paid and reserve amounts, type loss & description of each loss over \$2,500. Attach insurance company loss runs if available.
- Copy of typical lease agreement with a major tenant
- Copy of tariff
- Drivers list. Specify drivers who have assigned vehicles.
- Copy of Port's security/safety plan - including use of vehicles
- Port tenant directory
- 5-year or 10-year capital improvement plans
- Property statement of values