

**Quonset Development Corporation
Stevedores License Application**

Pursuant to Terminal Tariff 017, any and all companies performing stevedoring services, or any loading or unloading of cargo on the terminals at the Port of Davisville shall possess a valid stevedoring license issued by the Quonset Development Corporation "QDC" and shall be required to file with QDC a certificate of Insurance. Initial application fee for a QDC stevedore's license is US\$25,000. This application will not be processed or reviewed until payment is made to QDC. Funds will be returned to unsuccessful candidates. All licenses are subject to an annual renewal fee of US\$5,000 by July 1 of each calendar year for continued validation. QDC reserves the right to waive the initial application fee for stevedores operating at the Port of Davisville under existing contracts as of October 1, 2012.

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE ANSWER "NOT APPLICABLE" OR N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. **LEAVE NO SPACE BLANK.**

All stevedoring companies performing work at the Port of Davisville shall possess a valid stevedoring license issued by the QDC and shall be required to file with QDC a certificate of Insurance showing proper coverage for the following:

- A) General Liability including legal liability for bodily injury and property damage in the amount not less than \$1,000,000.
- B) Automobile Liability in the amount not less than \$1,000,000.
- C) Workers Compensation including the Longshore and Harbor Workers' Act and Employers Liability in the amount not less than \$1,000,000.
- D) Umbrella coverage in the amount not less than \$15,000,000.

Please attach documentation proving the insurance coverage as stated above. Successful applicants will need to file certificates of insurance naming the Quonset Development Corporation as additionally insured before their license is valid.

1. *Name of Applicant:* _____

2. *Business Address:* _____

3. Contact name and telephone number:

Name: _____ Telephone number: _____

4. Limit of Liability required:

Policy period:

Any one occurrence \$ _____ From: _____ To: _____

5. Type of cargo handled (approximate ratio by volume)

a) Non-Containerized Cargo:

	Tonnage Last 12 months	% of total
Dry Bulk (specify)		
Break Bulk (specify)		
Scrap Metals		
Steel		
Automobiles / Vehicles		
Machinery / Electronics		
Refrigerated Cargoes		
Liquid Chemicals		
Bulk Mineral Oils		

b) Containerized Cargo:

	Tonnage Last 12 months	% of total
20 Ft. Containers		
40 Ft. Containers		
Other sizes (specify)		

c) Other (specify type)

	Tonnage Last 12 months	% of total

Annual tonnage for the last two (2) years and you're projected tonnage for the next twelve (12) months:

6. Cargo handling equipment:

Does the applicant use ship or dock gear? Ship: _____ Dock: _____

a) If ship's crew operates ship's equipment, under whose direction do they operate?

b) If applicant operates dock gear, identify the type of gear used, whether it is owned, leased or rented & who provides the equipment:

c) Are experienced union longshoremen supplied regularly : Yes / No

7. Miscellaneous:

a) Does the applicant ever perform lighterage operations: Yes / No

If "Yes", show Percentage _____%

b) The number and type of vessel handled annually _____

c) Does the applicant operate under written contracts? Yes / No

If "Yes", are there any hold harmless agreements? Yes / No

If "Yes", does the applicant assume liability beyond that imposed by law? Yes / No

Please explain all "Yes" answers given above:

d) Does the applicant contract independent stevedores? Yes / No

If "Yes", what % of stevedoring gross receipts are derived there from? _____%

8. Has any insurance company ever cancelled or declined to issue or renew this form of insurance for the applicant? _____

a) Name of insurance company that presently insures you: _____

9. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If 'none", state "none".

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss before any deductible	Current Status Paid or Outstanding

SIGING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE QDC TO ANY BUSINESS RELATIONSHIP , BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THE LICENSE IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE: _____ DATE: _____