



South Carolina State Ports Authority

PO Box 22287, Charleston, SC 29413-2287 Fax – 843/577-8138

ANNUAL BUSINESS REGISTRATION - 07/01/10 TO 06/30/11
AS REQUIRED BY SCSPA TERMINAL TARIFF
NO. 2 AND NO. 8 RULE 34-065 AND NO. 21 RULE 34-080

- CONTAINER REPAIR & SERVICE
CONTRACTOR (type)
COURIER SERVICE OR TAXI SERVICE (circle one)
CRANE RENTAL
ENVIRONMENTAL CONTRACTOR OR FUMIGATOR (circle one)
LINE HANDLER
STEAMSHIP AGENT
STEVEDORE
TOWING/TUGBOAT SERVICE
SUPPLIER OR VENDOR (type)
OTHER (specify)

COMPANY NAME
MAILING ADDRESS
CITY STATE ZIP + 4
NAME OF PRIMARY CONTACT PERSON
TITLE
AREA CODE + PHONE NUMBER
E-MAIL ADDRESS AREA CODE + FAX NUMBER

List corporate officers of business, including titles and addresses:

Describe business activities on/or adjacent to the SCSPA's premises (Type of Activity and Frequency):

Name your company's Risk Management / Insurance contact person with telephone and email:

All firms must register and provide certificate of insurance prior to conducting any business or operations on or adjacent to SCSPA facilities. Subsequent registration shall take place on July 1 of each year. A TWIC ID badge must be secured prior to registration. Access of 3 or more times per month requires employees to obtain an SCSPA ID badge from the Port Police Department following registration and secure TWIC ID badge prior to registration.

All registrants shall provide the SCSPA with a Certificate(s) of Insurance (COI) evidencing insurance covering their operations and showing the limits of Commercial General Liability (BI & PD), Automobile Liability, other applicable liability policies, and S.C. Workers Compensation including USL&H/Jones Act coverage, if applicable. All liability policies shall be endorsed to specify:

- (1) SCSPA as an 'Additional Insured as to operations on or adjacent to the SCSPA's facilities',
(2) The Registrant's coverage is 'primary and non-contributory' as respects liability arising from the Registrant's operations,
(3) Liability and Workers' Compensation policies must be amended by endorsement to Waive the Insurer's Right of Subrogation against the SCSPA,
(4) The COI shall contain a provision that coverage afforded under the policies will not be cancelled or materially changed until at least 30 days prior written notice has been given by Certified Mail to SCSPA.

Certificate(s) of insurance with endorsements confirming 1-4 above must be provided for Registration to be valid. Inadequate insurance, as determined by the SCSPA shall cause any such registration to be considered invalid until sufficient coverage is established. NOTE: Required insurance limits are determined by business classification/nature of service provided.

I ACKNOWLEDGE THAT I HAVE READ THE SCSPA TERMINAL TARIFF NO. 8 (Charleston), No. 21 (Georgetown), AND/OR NO. 2 (Veterans), AND I UNDERSTAND AND AGREE TO THE PROVISIONS CONTAINED THEREIN.

I CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE REVIEWED, UNDERSTAND AND AGREE TO THE INSURANCE REQUIREMENTS ON THIS FORM AS REQUIRED BY THE SCSPA TERMINAL TARIFFS.

SIGNATURE DATE
PRINTED NAME TITLE