

Kenneth J. Kromer
Claims Manager



176 Concord Street
P.O. Box 22287
Charleston, SC 29413 USA
scspa.com

April 22, 2016

**FY 2017 (JULY 1, 2016 – JUNE 30, 2017) ANNUAL BUSINESS REGISTRATION (ABR) -
ALL VENDORS**

Enclosed is our *Annual Business Registration Form* which is required by the SCPA's Terminal Tariffs. This ABR Form must be completed by ALL firms that conduct business with the SCPA or for any other party on SCPA premises. As stated on the Form, it is your responsibility to read and understand Tariff provisions, particularly the General Rules and Regulations portion (Tariff No. 8, pages 1-10B) (Tariff No. 21, pages 1-14A). All Tariffs are available online at <http://www.scspa.com>.

For your registration to be valid, the enclosed *Fiscal Year 2017 Annual Business Registration Form* must be **fully completed and returned** with your Certificate(s) of Insurance and copies of ALL required endorsements, to the attention of Risk Management as soon as possible. **All ABR requirements must be submitted no later than May 9, 2016. Failure to complete the process by this date may result in being denied use of SCPA facilities.**

NOTE: TO EXPEDITE THE REGISTRATION PROCESS PLEASE FORWARD THE CERTIFICATE OF INSURANCE REQUIREMENTS PAGE TO YOUR AGENT(S) WHEN REQUESTING A CURRENT CERTIFICATE(S) OF INSURANCE SHOWING ALL LINES OF COVERAGE WITH COPIES OF ALL REQUIRED ENDORSEMENTS.

All vehicles utilized on terminal(s) by your company personnel must be properly placarded, clearly identifying your company's name.

Please contact Port Police at 843-577-8706 with questions concerning access to terminals and Transportation Worker Identification Credential (TWIC) requirements.

IF YOU NO LONGER REQUIRE ACCESS TO SCPA FACILITIES, please email us at ABR@SCSPA.COM so that we may update our records and remove you from our contact list. Also, your insurance agent should be advised to delete the SCPA from your certificate holder list.

PLEASE NOTE: This will be the last year the *Annual Business Registration Form* will be sent via US mail. In the future information will be sent via email (***accurate contact information must be provided***), or can be obtained from the SCPA website at <http://www.scspa.com/resources/risk-management/>.

If you have any questions or need further information, please contact our ABR Representatives at ABR@SCSPA.COM or 843-577-8176.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Kromer", written over a light blue horizontal line.

Kenneth J. Kromer
Claims Manager



SOUTH CAROLINA PORTS

PO Box 22287, CHARLESTON, SC 29413-2287

07/01/2016 - 06/30/2017

ANNUAL BUSINESS REGISTRATION AGREEMENT

AS REQUIRED BY SCPA TERMINAL TARIFF

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/REPAIR
- ENVIRONMENTAL RESPONSE CONTRACTOR
- FUMIGATOR
- PROFESSIONAL SERVICE
- 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 *AREA CODE + FAX NUMBER

*E-MAIL

*Company's Risk Management/alternate contact person and Insurance contact with telephone and email (if necessary, use separate sheet):

*List corporate officers of business, including titles and addresses (if necessary, use separate sheet):

*Describe business activities on/or adjacent to the SCPA's premises (Type of Activity, Frequency, and Terminal) (if necessary, use separate sheet):

All firms must register and provide proof of insurance prior to conducting any business or operations on or adjacent to SCPA facilities. Subsequent registration shall take place on July 1 of each year. NOTE: TWIC ID badge must be secured prior to registration.

All Registrants shall provide the SCPA 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 SC Workers Compensation including USL&H/Jones Act coverage, if applicable. ALL liability policies shall be endorsed with copies of the endorsements provided. except Auto to specify:

- * (1) SCPA is an **Additional Insured** on all liability policies **except Auto** as to operations on or adjacent to the SCPA'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 have been amended by endorsement to **Waive the Insurer's Right of Subrogation** in favor of the SCPA; and
- * (4) All policies have been endorsed to provide the SCPA with a 10 day written notice, prior to any policy's cancellation or material change. All Registrant's doing business with or conducting activities on SCPA property must register their vehicles and provide Auto Liability insurance.

CERTIFICATE(S) OF INSURANCE WITH COPIES OF THE ENDORSEMENTS CONFIRMING 1-4 ABOVE MUST BE PROVIDED FOR REGISTRATION TO BE VALID. Inadequate insurance, as determined by the SCPA, 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 SCPA TERMINAL TARIFF NO. 8 (Charleston) or No. 21 (Georgetown). 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 SCPA TERMINAL TARIFFS.

SIGNATURE

DATE

PRINTED NAME

TITLE

COI REQUIREMENTS

CERTIFICATE HOLDER:

SC PORTS AUTHORITY
ATTN: RISK MANAGEMENT
PO BOX 22287
CHARLESTON, SC 29413-2287

EMAIL CERTIFICATES TO: ABR@SCSPA.com or FAX TO: 843-577-8138

SC PORTS AUTHORITY INSURANCE REQUIREMENTS

All Registrants shall provide the SCPA with a Certificate(s) of Insurance (COI) evidencing insurance covering their operations. The COI shall show limits of Commercial General Liability (BI & PD), Automobile Liability, other applicable liability policies, and S.C. Workers Compensation including USL&H/Jones Act coverage when appropriate.

CERTIFICATE(S) OF INSURANCE AND COPIES OF POLICY ENDORSEMENTS ARE REQUIRED:

ALL LIABILITY POLICIES EXCEPT AUTO SHALL BE ENDORSED WITH COPIES PROVIDED AND AUTHORIZED WITH A REPRESENTATIVE'S SIGNATURE TO SPECIFY:

- (1) SCPA is an 'Additional Insured' on all liability policies except Auto as to operations on or adjacent to the SCPA's facilities';
- (2) The Registrant's coverage is 'primary and non-contributory' as respects liability arising from the Registrant's operations;
- (3) All Liability and Workers' Compensation policies have been amended by endorsement to Waive the Insurer's Right of Subrogation in favor of the SCPA;
- (4) All policies have been endorsed to provide the SCPA with a 10 day written notice, prior to any policy's cancellation or material change.

NOTE: COPIES OF THE POLICY ENDORSEMENTS MUST BE INCLUDED FOR A REGISTRATION TO BE VALID. Insurers and coverage are subject to review by the SCPA.

All Registrant's doing business with or conducting activities on SCPA property must register their vehicles and provide Auto Liability insurance.

If you have any questions contact Risk Management at 843-577-8176 or ABR@scspa.com.

INSURANCE AND ENDORSEMENT REQUIREMENTS

Please submit your Certificate of Insurance with the following requirements.

****Copies of the Policy Endorsement Forms must be included****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 07/01/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Producer Name and Address	CONTACT Producer Contact Information	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurance Company Name	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED Insured Name and Address

Insured Name must be the same as the Name shown on the Annual Business Registration Form or Contract.

Must meet minimum limits. Liability limits will vary by business type.

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	07/01/2015	07/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMPI/OP AGG \$1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	<input type="checkbox"/> AUTOMOBILE LIABILITY			Policy Number	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	07/01/2015	07/01/2016	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$5,000,000
							DED RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				OTH ER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
	Other Policies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	07/01/2015	07/01/2016	Each Occurrence and Aggregate

All Endorsement Forms must show the same Policy Number as the Certificate.

Taxi limit will differ.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SCPA is an Additional Insured on all liability policies except Auto as to operations on or adjacent to the SCPA facilities. Insured's coverage is Primary and Non-Contributory as respects Insured's operations. All liability and Workers' Compensation policies have been amended by endorsement to waive the Insurer's Right of Subrogation in favor of the SCPA. All policies have been endorsed to provide SCPA with a 10-day written notice of cancellation or material change.

CERTIFICATE HOLDER

SC Ports Authority
Attn: Risk Management
PO Box 22287
Charleston SC 29413-2287

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SCPA must be shown as the Certificate Holder.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

SC State Ports Authority

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. **Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts, or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs to be performed by or on behalf of the additional insured) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**Sample Additional Insured
Forms CG 20 10 10 01
& CG 20 37 10 01 Required**

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

SC State Ports Authority

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Sample

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY/NON-CONTRIBUTORY COVERAGE

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

PRIMARY/NON-CONTRIBUTORY – If required by written contract or agreement, effected prior to the date your operations for that person or organization commenced and named below, such insurance as is afforded by this policy to any additional insureds under this policy shall be primary insurance, and any insurance or self-insurance maintained by such additional insured(s) shall not contribute to the insurance afforded to the named insured.

All other terms and conditions remain unchanged.

SCHEDULE

Any person or organization that is:

1. An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

SC State Ports Authority
176 Concord St.
Charleston, SC 29401

SAMPLE

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

All of the below information should be completed.

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____