

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) - TAXIS

Enclosed is a copy of the *Annual Business Registration Form*, which is required by the SCPA's Terminal Tariff No. 8 and must be completed by ALL firms prior to conducting any business with the SCPA or for any party on SCPA premises.

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 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.**

Remember to include a copy of your Public Service Commission ORS certificates for taxi and / or charter for first Half Year and last Half Year (see enclosed samples). *If hand delivered, please see the ABR representative.*

NOTE: The SCPA shall be provided with current certificate(s) of insurance with a 10-day written notice of cancellation evidencing Automobile coverage with a combined single limit of \$500,000 with the SCPA listed as the certificate holder.

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 www.SCSPA.com.

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



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

SC PORTS AUTHORITY INSURANCE REQUIREMENTS FOR TAXIS

All Registrants doing business with or conducting activities on SCPA property are required to register annually with the Risk & Claims Department and provide the SCPA with a Certificate(s) of Insurance (COI) evidencing insurance covering their operations. The COI shall show limits of Commercial Automobile Liability.

All Registrant's must register their vehicles and provide the SCPA copies of the Office of Regulatory Staff Permits for all vehicles.

Note: *Insurers and coverage are subject to review by the SCPA.*

CERTIFICATE HOLDER:

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

EMAIL CERTIFICATES TO: ABR@SCSPA.com or Fax: (843) 577-8138

If you have any questions contact Risk Management at: (843) 577-8176.

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: _____														
INSURED Insured Name and Address <div style="border: 1px solid red; padding: 2px; margin: 5px 0;">Insured Name must be the same as the Name shown on the Annual Business Registration Form or Contract.</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td><td style="text-align: center;">NAIC #</td></tr> <tr><td>INSURER A : Insurance Company Name</td><td></td></tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Insurance Company Name		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	Y	Policy Number	07/01/2015	07/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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			Policy Number	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	Policy Number	07/01/2015	07/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy Number	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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	Y	Y	Policy Number	07/01/2015	07/01/2016	Each Occurrence and Aggregate

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
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Certificate Date must be current.

This statement is why the Policy Endorsements are required.

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

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

Taxi limit will differ.

Certificate Language and Policy Endorsement Forms are required.

SCPA must be shown as the Certificate Holder.

SAMPLE

**State of South Carolina Office of Regulatory Staff
1401 Main Street, Suite 900, Columbia, S.C. 29201
(803) 737-0800**

CLASS C Taxi or Charter (Limo)
(whichever is applicable or
both permits, if applicable)

**MOTOR VEHICLE CARRIER'S PERMIT
FIRST HALF YEAR**

NO. _____

It is hereby certified that the addresses named hereon has licensed the vehicle hereinafter described under the Class of Certificate of Convenience and Necessity as indicated above under the provisions of the Motor Vehicle Carrier's Law (Sections 58-23-10 - 58-23-60 of the South Carolina Code of Laws, 1976, and amendments there(to).

Fee Paid \$ _____
Make _____
Type _____
VIN No. _____
Year _____
Capacity _____
Weight Empty _____

Issued at Columbia, SC _____, 20 _____

**THIS PERMIT MUST BE DISPLAYED IN
THE VEHICLE FOR WHICH ISSUED.**

Rawn Msi
Director of Telecommunications Transportation, Water and Wastewater

Application for Transfer of Motor Vehicle Carrier's Permit on reverse side for your convenience.
Please complete the required information and return with appropriate fees to the Office of Regulatory Staff.

SAMPLE

**State of South Carolina Office of Regulatory Staff
1401 Main Street, Suite 900, Columbia, S.C. 29201
(803) 737-0800**

CLASS C Taxi or Charter (Limo)
(whichever is applicable or
both permits, if applicable)

**MOTOR VEHICLE CARRIER'S PERMIT
LAST HALF YEAR**

NO. _____

It is hereby certified that the addresses named hereon has licensed the vehicle hereinafter described under the Class of Certificate of Convenience and Necessity as indicated above under the provisions of the Motor Vehicle Carrier's Law (Sections 58-23-10 - 58-23-60 of the South Carolina Code of Laws, 1976, and amendments there(to).

Fee Paid \$ _____
Make _____
Type _____
VIN No. _____
Year _____
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Weight Empty _____

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