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STEVEDORE LICENSE RENEWAL APPLICATION

In accordance with the provisions listed in Port Freeport Tariff No. 5, Item No. 405, application is hereby made for a license renewal, authorizing the applicant to perform stevedoring services, described as: the service of physically handling cargo to or from a stowed position in a vessel, to or from a point of rest at facilities and harbors under the jurisdiction of Port Freeport.

1. Applicant's Name _____
2. Principal Location of Business:
Street Address _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
3. Length of time at this location: _____
4. Number of years in business: _____
5. Form of Business Entity, i.e., Sole Proprietor, Partnership, Incorporation, Limited Liability Company or other:

6. Taxpayer Identification Number (TIN) or Social Security Number: _____
7. State of incorporation or formation, if applicable: _____
8. Billing Address and instructions if different from Principal Location:
Street Address _____
Mailing Address _____
City _____ State _____ Zip _____

9. Names and Position of Principal Officers and Owners with Addresses:

10. List all other businesses or subsidiaries owned or operated by Applicant or principal officers, or owners:

11. Types of Cargo currently handled by Applicant:

12. In support of this Application, Applicant hereby attaches documentary evidence of the following:

- A. General Liability insurance covering claims for personal injury, death and property damage and its operations to be carried out upon or in connection with the public facilities of Port Freeport. The limits of general liability shall not be less than a combined single limit of \$1,000,000 per occurrence, subject to a \$2,000,000 general aggregate limit, and providing a deductible not to exceed \$25,000, and must name Port Freeport as an additional insured, and must contain a subrogation waiver in favor of Port Freeport. Liability coverages must afford “occurrence” coverage.**
- B. Automobile Liability, including coverage for all owned, non-owned and hired vehicles, with a minimum combined bodily injury and property damage limits of \$1,000,000, and must name Port Freeport as an additional insured, and must contain a subrogation waiver in favor of Port Freeport. Liability coverages must afford “occurrence” coverage.**
- C. Employer’s Liability insurance with limits of no less than \$1,000,000, and must name Port Freeport as an additional insured, and must contain a subrogation waiver in favor of Port Freeport. Liability coverages must afford “occurrence” coverage.**
- D. Stevedore’s Legal Liability insurance with limits of no less than \$1,000,000, and must name Port Freeport as an additional insured, and must contain a subrogation waiver in favor of Port Freeport. Liability coverages must afford “occurrence” coverage.**
- E. U.S. Longshoremen & Harbor Workers and Texas Workers Compensation at statutory limits, and must contain a subrogation waiver in favor of Port Freeport.**

- F. Umbrella or Excess Liability insurance with limits of \$5,000,000 per occurrence and annual aggregate, except automobile liability, which is not subject to an aggregate, to apply in excess of insurance provided for in the items above, and must name Port Freeport as an additional insured, and must contain a subrogation waiver in favor of Port Freeport. Liability coverages must afford “occurrence” coverage.**
- G. Provide Copy of Drug and Alcohol Policy (must include provision for random testing).**
- H. Provide a copy of the company’s Safety Plan or Policy.**
- I. Provide Experience Modification Ratio (EMR) (which reflects a company’s safety record).**
- J. Provide the number of lost time injury events in the past year for both Port Freeport site and corporate.**

13. Applicants with no previous business experience with Port Freeport, give other port references and other business references.

(a) Port Name: _____

Address: _____

(b) Business Name: _____

Address: _____

14. Has Applicant been convicted of a criminal offense other than traffic violations? _____

If yes, explain _____

15. Has any officer, partner or principal of Applicant or person listed in response to question No. 9 been convicted of a criminal offense other than traffic violations? _____

If yes, explain _____

16. Has applicant filed bankruptcy proceeding other than as a creditor? _____

If yes, explain _____

17. Has applicant been a defendant in any suit brought by the State of Texas or U.S. Government or agencies thereof? _____

If yes, explain _____

18. Has any officer, partner or principal of applicant or person listed in response to question No. 9 been a defendant in any suit brought by the State of Texas or U.S. Government or agencies thereof? _____

If yes, explain _____

19. List all ports in which Applicant is currently authorized to conduct business as a licensed stevedore:

20. List any and all ports in which Applicant’s stevedore license has been revoked, terminated, or denied:

21. Per Item 345 (SAFETY)

(E) Users shall designate a “Safety Representative” on-site that is responsible for the administration of its safety program. The Safety Representative shall have the necessary ability, knowledge and training in safety practices to maintain a safe work environment.

List the Name, title and contact information of the on-site Safety Representative:

Records Access

Upon request by Port Freeport, vessels, their owners, agents and masters, and all other users of the Port facilities shall produce manifests of cargo, railroad documents, dock receipts, delivery orders and other documents or reports. The manifests, reports and documents provided shall be utilized to verify the proper charges are paid under this Tariff or other written agreement between the parties. Said documentation shall be provided to Port Freeport following forty-eight (48) hours after request. Failure to provide accurate records (i.e. dimensions, weights, manifest, etc.) particularly those used for billing purposes by Port Freeport may be a violation of Chapter 37 of the Texas Penal Code and Federal Law and may be reported to the proper authorities by Port Freeport.

This Application is subject to the approval of the Port Freeport Board of Commissioners and the payment of \$1,100.00 fee. Port Freeport reserves the right to verify applicants supplied information through the process of financial and criminal background investigations.

Applicant agrees, in the event this application is approved and license granted, to abide by the terms and provisions of Port Freeport Tariff No. 5, amendments to and re-issues thereof. Failure to abide by said terms, or to pay the annual renewal fee when due and other Port charges when due, will be reason to revoke the stevedore license and all privileges granted in connection with performing stevedore services at Port Freeport facilities.

I swear to affirm that the information contained in this application is complete and correct.

Authorized Signature

Title

Printed Name

State of _____

County of _____

This instrument was acknowledged before me on the _____ day of _____, 202__,
by _____.

Notary Public

Accepted Denied by the Port Freeport Board of Commissioners.

Chairman of the Board, Port Freeport

Date