

Kenneth J. Kromer
Director, Risk Management



200 Ports Authority Drive
Mt. Pleasant, SC 29464
scspa.com

May 5, 2024

**FY 2025 (JULY 1, 2024 – JUNE 30, 2025) ANNUAL BUSINESS REGISTRATION (ABR) –
CONTAINER REPAIR AND FUMIGATORS**

Enclosed is our *Annual Business Registration Form* (ABR) which is required by the South Carolina State Ports Authority's (SCPA) Marine Terminal Operator Schedule ("MTOS"). This ABR Form must be completed every year by ALL firms that conduct business on SCPA property.

For your registration to be valid, the enclosed *Fiscal Year 2025 Annual Business Registration Form* must be **fully completed and returned no later than May 31, 2024**. Your Certificate(s) of Insurance and copies of **ALL** required endorsements should be submitted to the attention of Risk Management when you initially register, and again as each policy is renewed or replaced. **Failure to complete the process or maintain the required insurance coverages may result in being denied access to SCPA facilities.**

I. Container Repair or Fumigating Operations:

1. A schedule of **ALL** your company vehicles that enter SCPA properties must be provided, and an annual decal fee paid in the amount of \$250 per vehicle regardless of frequency of use. **DECALS WILL NOT BE TRANSFERABLE, AND DECALS/FEES WILL NOT BE PRO-RATED OR REFUNDED. ALL VEHICLES UTILIZED BY COMPANY PERSONNEL (REGARDLESS OF OWNERSHIP) MUST BE PROPERLY PLACARDED INDICATING NAME OF COMPANY AND MUST DISPLAY THE APPROPRIATE SCPA DECAL.** (**NOTE:** *All trucks must be properly licensed, insured, maintained, and roadworthy, meeting all DOT requirements at all times.*)

Your vehicle schedule should be returned as quickly as possible in order to obtain your decals prior to entering any SCPA facilities. Any vehicle not properly registered and decaled by **July 1, 2024** may be denied admittance onto the SCPA's facilities.

To expedite the decal process, please include your check(s) for \$250 per vehicle (payable to S.C. Ports Authority) when returning your completed package.

2. The SCPA shall be provided with current Certificate(s) of Insurance with a 30-day written notice of cancellation evidencing coverage as follows: **Commercial General Liability (CGL); a combined single limit of \$3,000,000 for bodily injury and property damage; Automobile**

Liability of \$1,000,000, Workers' Compensation under laws of the State of South Carolina, Employers Liability, and any applicable federal employee benefit laws (i.e., USL&H, Jones Act) is required.

Commercial Liability Insurance and Workers' Compensation Insurance shall be endorsed to waive the insurer's right of subrogation against the Authority. Your coverage is primary and non-contributory as respects liability arising from your operations. In addition to the above coverage, it is understood that your firm will carry all types of insurance necessary to the operation of your business while on our properties.

II. **Special Note:**

Exterminating companies performing only pest control services (no fumigation) will not be billed for a decal fee of \$250 on their vehicles. However, they must comply with all other requirements. They must also carry a copy of a current SCPA Purchase Order in their vehicle for confirmation and identification of service. The appropriate decal issued to such vehicles by Port Police may not be transferred or used for any other purpose.

We are requesting all cargo fumigation firms to provide us with copies of the **Material Safety Data Sheets (MSDSs) for all fumigating products** utilized in their operations. Please submit your applicable MSDS sheets with your FY2025 ABR package.

NOTE: ALL users are required to ensure their employees, agents, representatives, and contractors accessing or entering upon SCPA's terminals have watched the SCPA Safety Video and have reviewed and understand SCPA's Terminal Safety Guide, both of which are available on the SCPA's website at <https://scspa.com/facilities/facility-features/terminal-traffic-safety/>.

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: The *Annual Business Registration Packets* 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,



Kenneth J. Kromer
Director, Risk Management



SOUTH CAROLINA PORTS

200 PORTS AUTHORITY DRIVE, MT. PLEASANT, SC 29464

07/01/2024 - 06/30/2025

SOUTH CAROLINA STATE PORTS AUTHORITY (“SCPA”) ANNUAL BUSINESS REGISTRATION

AS REQUIRED BY SCPA MARINE TERMINAL OPERATOR SCHEDULE (“MTOS”)

*USER’S NAME (COMPANY NAME)

*TYPE OF BUSINESS

*MAILING ADDRESS

*CITY

*STATE

*ZIP

*NAME OF PRIMARY CONTACT PERSON

*TITLE

*AREA CODE + PHONE NUMBER

*E-MAIL

*ALTERNATE CONTACT PERSON, PHONE & EMAIL

*Describe business activities of User on/or adjacent to the SCPA’s terminals (e.g.: Type of Activity, Frequency, and Terminal):

Pursuant to Rule 34-065 of the MTOS, Users must register with the SCPA and provide proof of insurance prior to conducting any business or operations on or adjacent to SCPA terminals. **Subsequent registration shall take place on July 1 of each year. Inadequate insurance, as determined by the SCPA, shall cause any such registration to be considered invalid until sufficient coverage is established. Required insurance limits are determined by type of business /nature of service provided. NOTE: TWIC ID badge must be secured prior to registration.**

All Users shall provide the SCPA with a Certificate(s) of Insurance (“COI”) evidencing insurance covering their operations and showing the limits of Commercial General Liability (Bodily Injury & Property Damage), Automobile Liability, other applicable liability policies, and South Carolina Workers Compensation, and USL&H/Jones Act coverage, if applicable. **The insurance carrier shall endorse all liability policies, with copies of the endorsements provided with the COI,** to specify that:

- * (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 User’s coverage is **primary and non-contributory** with respect to liability arising from the User’s operations.
- * (3) **Liability and Workers’ Compensation** policies have been amended 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 thirty-day (30-day) written notice, prior to any policy’s cancellation or material change.

All Users doing business with or conducting activities on SCPA terminals must register their vehicles with the SCPA's Port Police Department.

By its signature below, User acknowledges and agrees that the use of the SCPA's terminals and facilities are governed by the MTOS and said MTOS is hereby incorporated herein by reference. This Annual Business Registration and the MTOS shall be read to be consistent and complimentary. Any conflict among this Annual Business Registration and the MTOS shall be resolved by giving priority to this Annual Business Registration. Unless otherwise defined in this Annual Business Registration, the defined terms in the MTOS shall have the same meanings when used herein.

ALL Users are required to ensure their employees, agents, representatives, and contractors accessing or entering upon SCPA's terminals have watched the SCPA Safety Video and have reviewed and understand SCPA's Terminal Safety Guide, both of which are available on the SCPA's website. The contents of the SCPA Safety Video and the provisions of SCPA's Terminal Safety Guide are incorporated herein by reference and made part of this Annual Business Registration.

USER HEREBY CERTIFIES, CONVENANTS, REPRESENTS, AND WARRANTS THAT ITS EMPLOYEES, AGENTS, REPRESENTATIVES, AND CONTRACTORS HAVE WATCHED OR WILL WATCH THE SCPA SAFETY VIDEO AND HAVE READ OR WILL READ THE SCPA'S TERMINAL SAFETY GUIDE BEFORE ACCESSING OR ENTERING UPON SCPA'S TERMINALS.

USER HEREBY CERTIFIES, COVENANTS, REPRESENTS, AND WARRANTS THAT THE INFORMATION PROVIDED BY USER IN THIS ANNUAL BUSINESS REGISTRATION IS TRUE AND CORRECT AND THAT USER HAS REVIEWED, UNDERSTANDS, AND AGREES TO THE CONTENTS OF THE SCPA SAFETY VIDEO, THE PROVISIONS OF THE SCPA TERMINAL SAFETY GUIDE, AND THE PROVISIONS CONTAINED IN THIS ANNUAL BUSINESS REGISTRATION, INCLUDING TO THOSE IN THE MTOS AND ANY OTHER DOCUMENT OR MEDIA INCORPORATED HEREIN OR THE MTOS BY REFERENCE.

THE UNDERSIGNED HEREBY CERTIFIES, COVENANTS, REPRESENTS, AND WARRANTS THAT IT IS DULY AUTHORIZED TO BIND USER AND TO EXECUTE THIS ANNUAL BUSINESS REGISTRATION.

USER:

COMPANY NAME

SIGNATURE

PRINTED NAME

DATE

TITLE

COI REQUIREMENTS

CERTIFICATE HOLDER:

SC PORTS AUTHORITY
ATTN: RISK MANAGEMENT
200 Ports Authority Drive
Mt. Pleasant, SC 29464

EMAIL CERTIFICATES TO: ABR@SCSPA.com

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 NAME: Producer Contact Information PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <hr/> 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 <div style="border: 1px solid red; padding: 2px; margin-top: 5px;"> Insured Name must be the same as the Name shown on the Annual Business Registration Form or Contract. </div>	<div style="border: 1px solid red; padding: 2px; margin-top: 5px;"> Must meet minimum limits. Liability limits will vary by business type. </div>

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	ADJL NSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>				MED EXP (Any one person) \$
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
<input type="checkbox"/>	POLICY	<input type="checkbox"/>	<input type="checkbox"/>				PRODUCTS - COM/POF AGG \$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
<input type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	07/01/2015	07/01/2016	BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
<input type="checkbox"/>	SCHEDULED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	<input 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
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> IWC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	07/01/2015	07/01/2016	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 type="checkbox"/>	<input type="checkbox"/>	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 South Carolina Ports Authority Attn: Risk Management 200 Ports Authority Drive Mt. Pleasant, SC 29464	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.

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

Certificate Language and Policy Endorsement Forms are required.

SCPA must be shown as the Certificate Holder.

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

Taxi limit will differ.

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(s) 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.

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

South Carolina Ports Authority

200 Ports Authority Drive

Mt. Pleasant, SC 29464

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 _____



Request for Decals

To: Risk Management
South Carolina Ports Authority
200 Ports Authority Drive
Mt. Pleasant, SC 29464

Phone: 843-577-8176
Fax: 843-375-3100
Email: ABR@SCSPA.COM

Subject: Request for SCPA Decals on all Vehicles of Container Fumigating, Repairing, Servicing, and Cleaning Firms and Their Employees' Vehicles Operating on the Terminals of the South Carolina Ports Authority in Accordance with SCPA MTOS, for period **July 1, 2024** through **June 30, 2025**.

Decal Cost: \$250 per vehicle, per year.

Please provide decals for the vehicles shown below.

ITEM NO.	UNIT NO.	YEAR	MAKE	BODY TYPE	VEHICLE IDENTIFICATION NO.	VEHICLE LICENSE NO.	SCSPA Use Only	
							DECAL NO.	DATE ASSIGNED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

FIRM: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____ TELEPHONE: _____ FAX: _____

SIGNATURE: _____ TITLE: _____

(CONTACT)

NOTE: DECAL FEES WILL NOT BE PRORATED OR REFUNDED.