

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) - TAXIS**

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 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.**

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.*

The SCPA shall be provided with current certificate(s) of insurance with a 30-day written notice of cancellation evidencing Automobile coverage with a combined single limit of **\$500,000** with the SCPA listed as the certificate holder.

**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/>.

**IF YOU NO LONGER REQUIRE ACCESS TO SCPA FACILITIES**, please email us at [ABR@SCSPA.COM](mailto: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](mailto:ABR@SCSPA.COM) or 843-577-8176.

Sincerely,

A handwritten signature in black ink, appearing to read "Kromer", written over a light blue circular stamp.

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](mailto: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 for all taxis should show Auto policy of \$500,000 CSL.

If you have any questions contact Risk Management at 843-577-8176 or [ABR@scspa.com](mailto: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).

<b>PRODUCER</b> Producer Name and Address	<b>CONTACT NAME:</b> Producer Contact Information PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ _____ _____														
<b>INSURED</b> Insured Name and Address  <div style="border: 1px solid red; padding: 2px; font-size: 8px; 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="font-size: 8px;">INSURER(S) AFFORDING COVERAGE</td><td style="font-size: 8px;">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	ADJL NSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						<b>EACH OCCURRENCE</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">\$1,000,000</span>
<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:						<b>GENERAL AGGREGATE</b> \$2,000,000
<input type="checkbox"/>	POLICY	<input type="checkbox"/>	<input type="checkbox"/>				PRODUCTS - COM/POF AGG \$1,000,000
	AUTOMOBILE LIABILITY						<b>COMBINED SINGLE LIMIT (Ea accident)</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">\$1,000,000</span>
<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	<b>EACH OCCURRENCE</b> \$5,000,000
<input checked="" type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				<b>AGGREGATE</b> \$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
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				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.

<b>CERTIFICATE HOLDER</b> South Carolina Ports Authority Attn: Risk Management 200 Ports Authority Drive Mt. Pleasant, SC 29464	<b>CANCELLATION</b> 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.

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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.

*Dawn M. Si*  
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 \_\_\_\_\_  
Capacity \_\_\_\_\_  
Weight Empty \_\_\_\_\_

Issued at Columbia, SC \_\_\_\_\_, 20 \_\_\_\_\_

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

*Dawn M. Si*  
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.