

**WILLACY COUNTY NAVIGATION
DISTRICT
STEVEDORE AND FREIGHT HANDLER'S
LICENSE APPLICATION**

Pursuant to the provisions of Willacy County Navigation District Tariff, application is hereby made for a license to operate as a Stevedore and Freight Handler at the Port of Port Mansfield, Willacy County County, Texas.

In support thereof, the following information is submitted:

Company name:
Principal business address:
Telephone: Fax number: Web Site Address:
Contact for services provided under this license: (Name, address, phone number, fax number, email address)
Address at which books and records are or will be maintained:
Telephone: Fax number:
Form of business entity: (Proprietorship, partnership, corporation, other – please describe)
If a corporation, state of incorporation:
Names and positions of principal officers, and addresses, if different from No. 2.

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Names and addresses of individuals and/or firms owning or having direct or indirect controlling interest in applicant's business:

Nature of applicant's business:

Describe equipment and facilities available to applicant for a carrying on the proposed licensed operation:

Are equipment and facilities owned by the applicant? If not, describe arrangements under which they are available to applicant:

Does applicant currently hold a valid license to perform the proposed service, or similar service, at any other Port? (Please specify the service and the Port or Ports.)

Has applicant actually performed the proposed service within the past six months?

If the answer to the previous question is "Yes", state where and for whom services performed, if the answer is "No", state reason why:

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Documents required to be attached in support of this application:

- ☐ 1. Willacy County Navigation District Credit Application
- ☐ 2. Financial Information, to include Financial Statements
- ☐ 3. Brownsville Navigation District Lease Application, with a memorandum from the District's Real Estate Department that a suitable lease site to handle the applicant's need for storage and maintenance of their equipment has been located.
- ☐ 4. Listing of the applicant's officers and managers which includes experience of each in the stevedoring and freight handling industry. Applicant must indicate which of these officers and managers will be assigned on a permanent basis to the Port of Brownsville operations.
- ☐ 5. Documentation of certification by and good standing with the American Society for Quality Control under ISO 9001:2000 and/or ANSI/ASQ Q9001-2000 standards promulgated by the International Organization Standardization and/or the American National Standards Institute.
- ☐ 6. Certificates of insurance in compliance with the Stevedore and Freight Handler's Insurance requirement of the Tariff. Certificates of insurance naming the District as an additional insured must be provided before a licensee may begin operations at the Port of Brownsville.

**APPLICATION FEE
\$10,000.00**

Please complete the above items, and sign the application where indicated below. Return the completed application along with all appropriate attachments, and the application fee to:

**Executive Port Director
Stevedore and Freight Handlers
Service
400 W. Hidalgo St., Suite 200
Raymondville, TX 78580**

Application Fees should be payable to Willacy County Navigation District / Application fee is non-refundable and will not be pro-rated for fractional parts of a year.

STEVEDORE AND FREIGHT HANDLER'S LICENSE

In the event this license application is approved and a license is granted, the applicant agrees to abide by the rules and regulations of the Willacy County Navigation District and the provisions of the Port of Port Mansfield Tariff, changes thereto, and reissues thereof. The applicant agrees to maintain compliance with the provisions under which this license is granted.

The person whose signature appears below on behalf of the applicant declares that he/she has read this application, understands its contents to be true and factual, and is authorized to sign on behalf of the applicant.

Signed on this _____ day of _____, _____

on behalf of _____
(Type or print name of applicant)

By: _____

Typewritten Name: _____

Title: _____

Granted by the Board of Commissioners of the Willacy County Navigation District at a meeting held on the _____ day of _____, _____.

By: _____

Typewritten Name: _____

Title: _____

This application will be reviewed by the staff of the Willacy Navigation District. Applications that are found to comply with the requirements of the Port of Port Mansfield Tariff, Stevedore and Freight Handler's License, will be presented to the Board of Commissioners during open session of a meeting of the Board for their consideration and action. The applicant and any other persons interested in the application shall have the right to address the Board at the meeting at which this application is considered.

**Willacy County Navigation
District
INSURANCE REQUIREMENTS
Stevedores and Freight Handlers**

These requirements are applicable to holders of a Stevedore and Freight Handlers License for operations in the Port of Port Mansfield.

Workers' Compensation	
a. Employer's Liability	\$1,000,000 limit
b. Longshoremen and Harbormaster's Act (if applicable)	Statutory
c. Jones Act (if applicable) Jones Act coverage may be included in the P & I policy, if required.	\$1,000,000
Waiver of Subrogation Endorsement in favor of the Willacy County Navigation District d/b/a The Port of Port Mansfield for this policy must be submitted.	

Comprehensive General Liability	
Comprehensive General Liability including Broad Form Liability, Personal Injury Liability, Contractual Liability, Products/completed operations Liability and including coverage for: (1) Explosion, collapse, and underground, and (2) For goods, vessels and property of whatever description belonging to others while in the care, custody, and control of the lessee An acceptable option would be Warehouse Legal and/or Wharfingers Legal Liability coverage.	
a. Bodily Injury	\$ 4,000,000 Each occurrence
b. Property Damage	\$ 4,000,000 Each aggregate
c. Combined Single Limit	\$4,000,000 Combined Single Limit

Comprehensive Automobile Liability		
a. Bodily Injury	\$ 1,000,000 each person	\$ 1,000,000 each occurrence
b. Property Damage	\$ 1,000,000 each occurrence	
c. Alternate to a. & b.	Combined single limit of \$ 1,000,000	
Automobile Liability Coverage to include any auto.		

Protection and Indemnity (P & I)	
If a vessel is to be used by the Stevedore and Freight Handler, P & I must be provided to include the vessel and the crew.	\$1,000,000 limit.
Towers' and Charterer's Liability must be provided as appropriate.	

Pollution Liability	
Environmental Site Liability	\$1,000,000 each occurrence \$1,000,000 each aggregate.

The above minimum requirements may be provided exclusively by primary insurance or may be provided by a combination of primary and umbrella liability coverage. Each insurance policy shall have a combined deductible and/or self-insurance retention of not more than \$50,000.00.

Subcontractor Insurance Requirements

- Each subcontractor hired by the Stevedore and Freight Handler must carry, at the minimum, the same levels of insurance coverage that is required of the Stevedore and Freight Handler. The subcontractor must adhere to the same requirements listed in “Additional Insurance and Notice of Cancellation or Change Endorsements”, “Endorsements Required”, below.
- Subcontractors will be required to carry “Contractor’s Pollution Liability” and/or “Errors and Omissions Coverage”, as appropriate.
- Certificates of Insurance and other Proofs of Insurance must be provided to and must be maintained by the Stevedore and Freight Handler.

Deductible

Each of the required policies should not have a deductible and/or self-insured retention in excess of: \$50,000.00.

Proof of Insurance Required

Certificates of insurance as well as the declarations page(s) from all policies will be submitted to the District as proof of insurance.

Additional Insured and Notice of Cancellation or Change Endorsements

All policies shall be endorsed to name the Willacy County Navigation District d/b/a The Port of Port Mansfield as an additional insured and shall be endorsed to require that the insurance will not be cancelled or changed without giving the District 30 days’ prior written notice. All policies must be endorsed with a Waiver of Subrogation in favor of the District. Coverage will not extend to actions resulting from the District’s own sole negligence,

Endorsements Required

Copies of endorsements regarding deductible and/or self-insurance and the required additional insured and notice of cancellation or change notices must be submitted. Copies of all endorsements that limit coverage or impose exclusions to coverage must also be submitted.

Notes

The above minimum requirements may be covered exclusively by primary insurance or may be covered by a combination of primary and umbrella liability insurance.

The District reserves the right to request a copy of any and all insurance policies for review. Certificates of Insurance shall be furnished to the District.

Individual exceptions to any of the above requirements may be granted or required due to unavailability of coverage, risk factor, magnitude of operations, or other individual reasons.

Stevedores and Freight Handlers who are also lessees of the Willacy County Navigation District shall also be subject to the Insurance Requirements for Lessees applicable to their lease site(s). Where the limits of coverage in this set of requirements differ from the Insurance Requirements for Lessees applicable to the lease site(s) for the Stevedore and Freight Handler, the higher limits will prevail.

The requirements and limits in this document are acceptable for the Stevedore and Freight Handler at the effective date of the license. The District reserves the right to amend these requirements prior to the renewal of the license.



LEASE APPLICATION

Willacy County Navigation District of Willacy County, Texas

GENERAL INFORMATION			Date:
Company Name:			
Address:			
City:	State:	Zip:	
Phone:		Fax:	
Email:		Web Site:	
Referred By:			
SITE INFORMATION			
Area and Acreage Required:			
Utilities Required: ☐ Water - Meter Size _____ ☐ Sewer ☐ Fire Hydrants/Risers ☐ Electricity ☐ Natural Gas ☐ Other (Specify)			
Special Needs (Rail, Waterfront, etc.)			
Purpose/Industrial Activity:			
Products and Materials to be Handled on Site: <i>(attach a separate sheet if necessary)</i> ☐ Hazardous Materials Proposed to be Handled on Site. <i>(If marked, attach the MSDS sheets for all proposed materials)</i>			
Effective Date:		Lease Term Desired:	
FTZ Status Desired? (Yes/No)		Estimated Annual Tonnage in metric tons:	
Estimated Annual Rail Cars:		Type of Rail Cars Required:	
Estimated Total Employees and Average Salary:			
Rent Payable Terms (Monthly/Quarterly/Semi-Annually/Annually):			

Willacy County Navigation District of Willacy County, Texas

CORPORATE INFORMATION

Corporate Name (if different from above):

Corporate Headquarters Address:

City:

State:

Zip:

Phone:

Fax:

email:

Web Site:

Type of Business Organization:

- ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC
☐ Other (Specify)

State/Country in which Incorporated:

Date Business Established

Principal Officers, Titles, Address and Phone Number: (Attach additional sheets as necessary)

**Describe your company's business operations and describe the proposed business operations at this site.
Describe your company's previous experience in the proposed operations.
(Attach additional sheets for this discussion.)**

Willacy County Navigation District of Willacy County, Texas

FINANCIAL INFORMATION

The following information must be attached based on lease application.

- **New Tenant Applications, no prior executed contract for requested lease site:**
 - Company Financial Statements for the most recent two years. (If available submit financials audited or prepared by a CPA).
 - Interim Statements for the current year, if available.
 - Bank References - the names and phone numbers of the bank officers who handle your accounts
 - Six (6) Trade References from whom purchases are made on a 30-day basis.
 - Financial Statements for each guarantor (if required by District).
 - **For Corporations** – A copy of the Charter and Resolution naming person(s) authorized to sign lease documents, etc.
 - **For Partnerships** – A copy of the Partnership Agreement.
 - **For Sole Proprietors** – A copy of the Assumed Name Certificate.
 - **For an LLC** – A copy of the Articles of Organization
- **Existing Tenant Applications, with no remaining renewal options:**
 - Copies of current insurance policies
 - District will review existing tenant's property tax status and accounts receivable balances

FOR CORPORATIONS OR LIMITED PARTNERSHIPS ONLY
Principals will be required to individually guarantee the lease.

NOTE – Additional financial information may be required by the District.

SIGNATURE

I hereby authorize my bank and my trade references to release to the Willacy County Navigation District that information requested by the District in order to review this application for a lease. I further release all persons, agencies, or firms from any liabilities resulting from providing such information.

Person Responsible for Lease Application:

Date:

Title:

Phone:

Email:

Signature:

The Willacy County Navigation District Board of Commissioners reserves the right to withhold approval of any lease, sublease, assignment of lease or amendment.

Willacy County Navigation District

400 W. Hidalgo, Suite 200
Raymondville, TX 78580
(956) 689-3332 / fax (956) 689-6165

CREDIT APPLICATION

Applicant's Trade Name		Phone ()	
		Fax ()	
Mailing Address		Taxpayer ID Number	
		Company Web Site	
Business Style: Proprietorship ☐ Corporation ☐ Partnership ☐ Other _____ ☐			
Owners or Principal Officers			
Name	Title	Home Address	Cell/Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Business Established _____ At Present Location Since _____ Under Present Ownership Since _____			
Banking Information			
Bank and Branch		Account Number	
Address			
Bank Officer			
Trade References: Name, Complete Address and Phone Number			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**Willacy County Navigation District
CREDIT APPLICATION**

Manager's Information			
Name	Title	Home Address	Home Phone
Billing Information			
Billing Address	Billing Contact	eMail Address	Direct Phone
Terms and Conditions of this Application			
It is understood that this is a credit application for an open account with the Willacy County Navigation District to be used for the purchase of goods and/or services. It is further understood that all invoices and purchases under this credit plan are due and payable within thirty (30) days from the due date of the invoice, with the exception of invoices issued under a ground lease contract which contain their own terms. Any and all invoices, or portions thereof, that remain unpaid beyond the due date of the invoice shall be subject to a finance charge under the terms of the then-effective Port of Brownsville Tariff.			
Applicant's Signature and Authorization for Release of Information			
I have read and understand the above and agree to its terms and conditions. I hereby authorize my bank and my trade references to release to the Willacy County Navigation District that information requested by the District in order to grant credit under this application.			
Signature of Owner or Principal Officer		Title	
Authorized Purchasing Agents			
The following persons are authorized to purchase services and charge said services to this account.			
1.			
2.			
3.			
4.			
5.			

All information must be provided and this form must be signed and returned to the Brownsville Navigation District before credit may be granted.

Current Financial Statements must be submitted with this application

Credit Approved By	Account Number Assigned:
Date:	Credit Limit Assigned:

Willacy County Navigation District Financial Information Required in Support of Application

(Please attach your responses on a separate sheet.)

CORPORATIONS (ESTABLISHED)

1. Provide the full and official corporate name and the address and phone number of the corporate headquarters.
2. State where the corporation is chartered.
3. List any related companies and indicate their relationship to this corporation, identify the address of the corporate headquarters, their phone number, state of incorporation and the name and contact information of an officer of the company.
4. Provide an interim financial statement for the current year.
5. Provide the most recent financial statement (Balance Sheet and Profit and Loss Statements) for the most recent two complete years.
6. List the principals of the corporations, their position with the corporation, their address and phone number.
7. List bank references, including bank account numbers and the officers who handle the accounts. Provide reference letters from the banks to the District.
8. Provide six trade references from whom purchases have been made within the past 60 days.
9. Provide the corporation's Federal Identification Number and Dun and Bradstreet number.

CORPORATIONS (NEWLY FORMED)

1. Provide the full and official corporate name and the address and phone number of the corporate headquarters.
2. State where the corporation is chartered.
3. List any related companies and indicate their relationship to this corporation, identify the address of the corporate headquarters, their phone number, state of incorporation and the name and contact information of an officer of the company.
4. Provide an interim financial statement for the current year, if possible. If no financials are available, please provide a copy of the most recent bank statement(s) for the corporation.
5. List the principals of the corporations, their position with the corporation, their address and phone number.
6. List bank references, including bank account numbers and the officers who handle the accounts. Provide reference letters from the banks to the District.
7. Provide the corporation's Federal Identification Number and Dun and Bradstreet number.
8. Provide the most recent financial statement (Balance Sheet and Profit and Loss Statements) for the most recent two complete years for the principals of the corporation.
9. List bank references for the principals of the corporation, including bank account numbers and the officers who handle the accounts. Provide reference letters from the banks to the District.
10. Provide six trade references from whom purchases have been made by the principals within the past 60 days.

**Willacy County Navigation District
Financial Information Required in Support of Application**

INDIVIDUALS AND PARTNERSHIPS

1. List the full name of the individual, his address and phone number, or list the partners, their position with the corporation, their addresses and phone numbers.
2. Provide the full and official business name or d/b/a, and the address and phone number of the billing office. State where the d/b/a papers have been filed.
3. List any related companies and indicate their relationship to this individual or partnership, identify the address of the corporate headquarters, their phone number, state of incorporation and the name and contact information of an officer of the company.
4. Provide an interim financial statement for the current year, if possible. If no financials are available, please provide a copy of the most recent bank statement(s) for the individual or the partners.
5. Provide the most recent financial statement (Balance Sheet and Profit and Loss Statements) for the most recent two complete years for the individual or the partners.
6. List bank references for the individual or the partnership, including bank account numbers and the names of the officers who handle the accounts. Provide reference letters from the banks to the District.
7. Provide the individual's or the partners' Federal Identification Number(s) and Dun and Bradstreet number(s).
8. Provide six trade references from whom business-related purchases have been made by the individual or the partners within the past 60 days.

FINANCIAL STATEMENTS MUST BE SIGNED BY AN AUTHORIZED OFFICIAL