

PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed completed and processed until all required documents and fees are received.
A separate application must be filed for each type of franchise Applicant wishes to apply for.

CHECK ONE ☒ STEAMSHIP AGENT ☐ STEVEDORE
☐ CARGO HANDLER ☐ TUGBOAT & TOWING
☐ VESSEL BUNKERING ☐ VESSEL OILY WASTE REMOVAL
☐ VESSEL SANITARY WASTE WATER REMOVAL

Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.

Applicant's

Name

Eller-ITO Stevedoring Company, LLC

(Name as it appears on the certificate of incorporation, charter, by-laws, or other official document)

Applicant's Business Address 1007 N. America Way, Suite 501 - Miami, FL 33132

Number /

Street

City/State/Zip

Phone # (305) 379-3700 E-mail address chrisarocha @ellerito.comFax #: (305) 371-9969**Name of the person authorized to bind the Applicant****(This person's signature must appear on Page 10.)**Name Christopher C. ArochaTitle Senior Vice PresidentBusiness Address 1007 N. America Way, Suite 501 - Miami, FL 33132

Number /

Street

City/State/Zip

Phone # (305) 379-3700 ext.3705 E-mail address chrisarocha @ellerito.comFax #: (305) 371-9969

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed: (if different from the person authorized to bind the Applicant)

Representative's Name Timothy J. Armstrong, Esq.Representative's Title AttorneyRepresentative's Business Address 108 Cannon Ct West - Ponte Vedra Beach, FL 32082

Number /

Street

City/State/Zip

Representative's Phone # (305) 479-7915Representative's E-mail address amesq @ aol.com

Representative's Fax #: () _____

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

Section A

1. List the name(s) of Applicant's officers including CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title Senior Vice President
First Name Christopher Middle Name Charles
Last Name Arocha
Business Street Address 1007 N. America Way, Suite 501
City, State, Zip Code Miami, FL 33132
Phone Number (305) 379-3700 Fax Number (305) 371-9969
Email Address chrisarocha @ ellerito.com.

Title Vice President of Operations
First Name Fernando Middle Name Nicolas
Last Name Alvarez
Business Street Address 1007 N. America Way, Suite 501
City, State, Zip Code Miami, FL 33132
Phone Number (305) 379-3700 Fax Number (305) 371-9969
Email Address falvarez @ ellerito.com.

Title Vice President, Finance
First Name Silvia Middle Name Elena
Last Name Guardado
Business Street Address 1007 N. America Way, Suite 501
City, State, Zip Code Miami, FL 33132
Phone Number (305) 379-3700 Fax Number (305) 371-9969
Email Address sguardado @ ellerito.com.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number () _____ Fax Number () _____
Email Address _____ @ _____.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship () Corporation () Partnership () Joint Venture (X) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes___ No X If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes___ No X If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes X No___ If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) Ana M. Lopez / VP, Finance
New officers, directors, executives, partners, shareholders, members
Name(s) Silvia E. Guardado / VP, Finance
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" _____.

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
Yes ___ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" _____.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

N/A

3. Has the Applicant been acquired by another business entity within the last five (5) years?
Yes ___ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" _____.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

N/A

Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

attached

Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
Attached
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

Christopher C. Arocha / Senior V.P. - 17 years

Fernando N. Alvarez / V.P. of Operations - 36 years

Silvia Guardado / V.P. of Finance - 7 years

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport Miami Number of Years Operating at this Seaport 1998

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
SEABOARD MARINE	15 YEARS
ROYAL CARIBBEAN	15 YEARS
ECUADORIAN LINE	8 YEARS
CELEBRITY CRUISES	8 YEARS
AZAMARA CRUISES	4 YEARS
CHINA SHIPPING	9 YEARS
EVERGREEN	4 YEARS
FECWRY	2 MONTHS
WALLENIOUS LINE	13 YEARS
AMERICAN PRESIDENT	10 YEARS
PRESTIGE CRUISES	3 YEARS

Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" _____.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes___ No___

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.broward.org/port/tariff>.

Attached

Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.
2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?
Yes ___ No X

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?
Yes ___ No X

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes ___ No X

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference PORT MIAMI Nature of Business LESSOR
Contact Name DALGIS BENTANCOURT Title Seaport Real Estate Manager
Legal Business Street Address 1015 N America Way, Suite 210
City, State, Zip Code Miami, FL 33132
Phone Number (305) 347-4841
(Provide on a separate sheet.)

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?
Yes___ No X
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section N

No equipment required for steamship agent activity.

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?
Yes X No___
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

Section P

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?
Yes___ No X
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?
Yes___ No X
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?
Yes X No___

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit: <http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

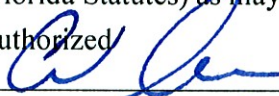
By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore and Harbor Workers' Act, Jones Act Insurance, as required by federal law.

By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.

Signature of Applicant's Authorized Representative

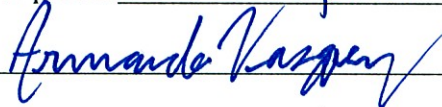


Date Signed 12/16/13

Signature name and title - typed or printed

Christopher Arocha / Senior V.P.

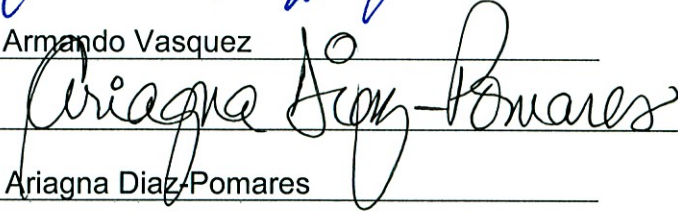
Witness Signature (*Required*)



Witness name-typed or printed

Armando Vasquez

Witness Signature (*Required*)



Witness name-typed or printed

Ariagna Diaz-Pomares

If a franchise is granted, all official notices/correspondence should be sent to:

Name Christopher C. Arocha

Title Senior Vice President

Address 1007 N. America Way, Ste 501 Miami, Phone (305) 379-3700
Fl, 33132

If you have checked an Applicant box for VESSEL BUNKERING, OR VESSEL OILY WASTE REMOVAL, OR VESSEL SANITARY WASTE WATER REMOVAL, then the following additional information is required:

n/a

☐ **VESSEL BUNKERING**

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

Section V- A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

n/a

☐ **VESSEL OILY WASTE REMOVAL**

Section S - Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section V- A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section X- A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

Section Y- An Identification Certificate from the U.S. Environmental Protection Agency.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

n/a

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section Z1- A copy of the Applicant's operations manual.

Section Z2- A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

Section A.2. – Resumes

Christopher C. Arocha
Senior Vice President
Eller-ITO Stevedoring Co., LLC
Stevedoring Experience and History

Senior Vice President for Eller-ITO Stevedoring Co., LLC (2007-Present)

Position Objectives

- Senior Officer is responsible to manage the day-to-day business of the Company, including stevedoring operations, sales and marketing, and finance and administration. Accountable for the financial results of the Company.

Position titles of persons reporting to this position

- Vice President of Finance/Controller, Operations Manager, Safety & Risk Manager.

Key Accountabilities

- Creation of a challenging, team based work environment with highly motivated, results oriented staff.
- Achievement of Board-approved safety, environmental, financial, service level, productivity, unit revenue and unit cost targets.
- Active solicitation, procurement, cultivation, and management of the commercial relationships of Eller-ITO Stevedoring Co., LLC with its customers.
- Development and ownership of business plan and budget.
- Strategic long range planning for the business of the company and implementation of agreed elements.
- Create and sustain excellent relationship with Port of Miami and other applicable regulatory authorities. Create and sustain excellent relationship with the ILA at a Senior Level.

Assistant Operations Manager for Eller-ITO Stevedoring Co., LLC (2003-2007)

- Coordinate operations and plans for all company supervisors and labor working on vessels.
- Communicate with principals on particulars and interest for their ships.

Stevedore for Eller-ITO Stevedoring Co., LLC(1998-2005)

- Supervised operations on cruise ships, container vessels, trailer ro-ro, break bulk and car boats.

Assistant Warehouse Manager for Eller-ITO Stevedoring Co., LLC (1997-1999)

- Performed all warehouse operations including stripping and stuffing palletized cargo and lashing of loose freight.

Fernando N. Alvarez

Experience

1972-1978 POSEIDON / ROYAL CARIBBEAN CRUISE LINE
Operations Manager

1978-11985 HARRINGTON & CO.
Manager Stevedoring and Container Terminal

1985-1998 CONTINENTAL
Stevedoring and Terminal Operations Manager

1998-Present
Operations Manager

- Responsible for stevedoring supervision staff and their job deployment
- Responsible for operations and cost control in the Mechanic Shop and Warehouse (Sheb B)
- Coordinate with carriers and/or agents planning procedures and loading plans for vessel follow up with EDI Department
- Gantry and Seaboard Marine crane committee representative for Eller-ITO Stevedoring Co., LLC
- Oversees with risk manager safety program and enforcement of safety regulations.
- Coordinate equipment requirement and shop personnel for vessel operations with Maintenance and Repair Shop.
- Interface with other Port operations such as Port of Miami and Pomtocol in order to conduct smooth operations for our principal.
- Quote new business and special projects.

Résumé of
Silvia Guardado
12990 NW 9th Lane, Miami, Florida 33182
Phone: (305) 321-8012
E-mail: guardado.silvia@gmail.com

PROFESSIONAL EXPERIENCE

Eller-ITO Stevedoring Company, L.L.C. – Miami, Florida

A stevedoring company that is based at Port Miami, Florida with a rich history in the transportation industry and the largest Stevedore Container handling equipment pool in Miami. Eller-ITO specializes in providing technologically-advanced, world-class services, quickly and professionally, through a competent, well-trained staff.

Vice President of Finance (March 2012 to Present) and Assistant Vice President of Finance (May 2010 to March 2012)

Responsibilities include but are not limited to:

- Producing timely accurate financial reports for the company's board of directors.
- Working alongside the Senior Vice President in the strategic planning of the business and the preparation of financial budget to forecast future earnings.
- The overall creation, monitoring and maintenance of the company's accounting and financial information to ensure it adheres to financial rules and regulations.
- Gathering business performance data to analyze and compare to previous periods, and develop recommendations for improvements in revenue growth and resource allocation.
- Overseeing cash, investments and insurance programs to ensure a strong capital structure and cash flow.
- Coordinating year-end audit and making sure accounting policies and internal controls over financial transactions are maintained.
- Overseeing human resources and supervising accounting personnel.
- The hiring, training and mentoring accounting staff.

Port of Miami Crane Management, Inc. (PMCM) – Miami, Florida

A non-profit corporation that is a component unit of Miami-Dade County created for the sole purpose of maintaining the container handling equipment and gantry cranes at the Dante B. Fascell Port of Miami

General Accounting Manager (November 2007 to May 2010) and Accountant (September 2006 to November 2007)

- Ensured the accurate compilation, analysis and reporting of all economic activities including accounts payables, payroll, and general disbursements as well as budget transfers and its proper reporting into the Company's accounting books following the established internal controls to conform with Generally Accepted Accounting Principles (GAAP).
- Prepared/reviewed daily cash management report and bank reconciliation.
- Supervised the assignments of the payable staff to ensure vendors were paid accurately and efficiently.
- Supervised the Asset Manager, inventory process, fixed assets, and depreciation schedules.
- Prepared year-end financial statements in accordance with GAAP and assisted external auditors with annual audit.
- Prepared budgets, expenditures forecast, and provided variance analysis.
- Prepared the accounting and operations PowerPoint presentation for the monthly Board of Directors meetings and delivered the financial report to the Board.

PROFESSIONAL EXPERIENCE (continued)

- Prepared/reviewed Request for Proposals and contracts for acquisitions of services and materials in conformity with Florida Sunshine Law.
- Served as the liaison between PMCM and the Port of Miami.
- Performed special projects as assigned by the Chief Executive Officer

IDS Telcom – Miami, Florida

A \$50 million regional telecommunications company with 30,000 commercial and residential customers

Senior Financial Reporting Analyst (May 2004 - January 2006) and Supervisor Accounts Payable (April 2003 - May 2004)

- Prepared monthly financial analyses, financial reporting and debt covenant compliance package.
- Maintained dispute database for all telecommunications vendors.
- Facilitated the closing of the monthly accounting records.
- Assisted in preparation of schedules and analyses used to determine the sales price of the company and for inclusion in the asset purchase agreement.
- Created various ad hoc reports.
- Performed special projects, as requested by the chief executive officer and the chief financial officer.
- Worked with operations, payroll, human resource and billing departments in preparation and analysis of operational cost reports.
- Negotiated with vendors to settle disputes and agree upon payment amounts and terms.

Innerhost Inc. – Miami, Florida

Junior Accountant (September 2000 to April 2003)

- Prepared weekly and monthly line count reports.
- Prepared and analyzed daily sales reports for management.
- Prepared journal entries for monthly closing of accounting records.
- Maintained general ledger and accounting binder.
- Prepared bank reconciliation for multiple bank accounts.
- Maintained fixed asset ledger, controlled inventory, and performed routine audits on new equipment purchased.
- Assisted in the preparation on the annual expense budget for the company.
- Prepared monthly Power Point presentations of the company's financial performance for department heads.

DTK Computer Inc. – Miami, Florida

Accounts Payable Clerk (September 1998 to April 2000)

- Received and verified invoices and requisitions for goods and services complying with company policies and procedures.
- Maintained accounts payable ledger.
- Maintained updated vendor files.
- Prepared closing of daily, monthly and yearly operations by generating billing, inventory receiving, cash receipts, and purchasing reports.
- Prepared bank reconciliation.

- Maintained returned product reports for credit (RMA) to offset accounts payable report.
- Assisted in year-end inventory audit.

EDUCATION

Master of Business Administration

Finance Major
The H. Wayne Huizenga School of Business and Entrepreneurship
Nova Southeastern University, Davie, Florida
December 2012

Bachelor of Business Administration

Finance Major
Florida Int'l University, Miami, Florida
May 2006

COMPUTER SKILLS

Microsoft Office (advanced Excel), Great Plains, FRX, Prism, Peachtree, and MAS 200.

~~~~~ REFERENCES ARE AVAILABLE UPON REQUEST ~~~~~

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

## Section B

**Detail by Entity Name****Foreign Limited Liability Company**

ELLER-I.T.O. STEVEDORING COMPANY L.L.C.

**Filing Information**

**Document Number** M98000000642  
**FEI/EIN Number** 650842170  
**Date Filed** 06/18/1998  
**State** DE  
**Status** ACTIVE

**Principal Address**

1007 NORTH AMERICA WAY, SUITE 501  
MIAMI, FL 33132

Changed: 02/16/2010

**Mailing Address**

1007 NORTH AMERICA WAY, SUITE 501  
MIAMI, FL 33132

Changed: 02/16/2010

**Registered Agent Name & Address**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**Authorized Person(s) Detail****Name & Address**

Title MGR

DOLAN, ROBIN  
525 WASHINGTON BLVD 16TH FLOOR  
JERSEY CITY, NJ 07310

Title MGR

VICKERS, RAYMOND  
3010 MCCOLLIE AVENUE  
ANCHORAGE, AK 99517

Title MGR

JOSEPH, MULDOON III



18911 BEALLSVILLE RD  
BEALLSVILLE, MD 20839

Title MGR

AROGHA, CHRISTOPHER  
1007 NORTH AMERICA WAY, SUITE 501  
MIAMI, FL 33132

Title MGR

SMITH, CHRIS  
525 WASHINGTON BLVD 16TH FLOOR  
JERSEY CITY, NJ 07310

### Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2011        | 04/21/2011 |
| 2012        | 03/20/2012 |
| 2013        | 03/25/2013 |

### Document Images

|                                               |                          |
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| <a href="#">04/21/2011 -- ANNUAL REPORT</a>   | View image in PDF format |
| <a href="#">02/16/2010 -- ANNUAL REPORT</a>   | View image in PDF format |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO  
TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: Eller - I.T.O. Stevedoring Company L.L.C.
2. The Limited Liability Company is organized under the laws of the State of Delaware.
3. FEI No.: Not applicable
4. The Limited Liability Company was organized with the Delaware Secretary of State on June 5, 1998.
5. The Limited Liability Company has perpetual duration.
6. The Limited Liability Company will transact business in Florida upon issuance of the Certificate of Authority to Transact Business.
7. The street address of the principal office and the mailing address of the Limited Liability Company is:  
655 Asia Way  
Miami, Florida 33132
8. Names and addresses of the Managers of the Limited Liability Company:
  - (1) Mr. James S. Field  
President  
ITO Corporation of Florida  
% International Terminal Operating Co. Inc.  
One Evertrust Plaza  
Jersey City, New Jersey 07302
  - (2) Mr. Christopher C. Morton  
Vice President  
ITO Corporation of Florida  
1007 North America Way  
Suite 310  
Miami, Florida 33132-2081

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DIVISION OF CORPORATIONS  
98 JUN 18 PM 1:56

Attachment to Affidavit of Membership and Contributions  
of Foreign Limited Liability Company

Description of Property

Item 3) - continued:

1. Equipment
2. Promissory note
3. Customer lists

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DIVISION OF CORPORATIONS  
98 JUN 18 PM 1:56

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELLER-I.T.O. STEVEDORING COMPANY L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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DIVISION OF CORPORATIONS  
98 JUN 18 PM 1:56

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06-10-98

*Edward J. Freel*  
Edward J. Freel, Secretary of State

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## Fictitious Name Detail

### Fictitious Name

MIAMI CFS

### Filing Information

Registration Number G11000035449  
Status ACTIVE  
Filed Date 04/11/2011  
Expiration Date 12/31/2016  
Current Owners 1  
County MIAMI-DADE  
Total Pages 1  
Events Filed NONE  
FEI/EIN Number 65-0842170

### Mailing Address

STE 501, 1007 NORTH AMERICAN WAY  
MIAMI, FL 33132

### Owner Information

ELLER-I.T.O. STEVEDORING COMPANY L.L.C.  
STE 501, 1007 NORTH AMERICAN WAY  
MIAMI, FL 33132  
FEI/EIN Number: 65-0842170  
Document Number: M98000000642

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State of Florida, Department of State

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

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2011 APR 11 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAG11000035449  
04/11/11--01049--029 \*\*50.00

This space for office use only

Section 1

1. Miami CFS  
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")  
Suite 501  
1007 North American Way  
Mailing Address of Business:  
Miami Florida 33132  
City State Zip Code  
3. Florida County of principal place of business: Miami-Dade  
(see instructions if more than one county)  
FEI Number: 85-0842170

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**


- |                                                                                                |                                                                                                |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1. Last _____ First _____ M.I. _____<br>Address _____<br>City _____ State _____ Zip Code _____ | 2. Last _____ First _____ M.I. _____<br>Address _____<br>City _____ State _____ Zip Code _____ |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

- |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Eller-T.O. Stevedoring Company, L.L.C.</u><br>Entity Name<br><u>Suite 501 1007 North American Way</u><br>Address<br><u>Miami</u> <u>Florida</u> <u>33132</u><br>City State Zip Code<br><u>Florida Document Number M98000000642</u><br>FEI Number: <u>65-0842170</u><br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. _____<br>Entity Name<br>_____<br>Address<br>_____<br>City _____ State _____ Zip Code _____<br><u>Florida Document Number</u> _____<br>FEI Number: _____<br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 885.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

 4/6/11 tarmstrong@armstrongmejer.com  
Signature of Owner Date E-mail address: (to be used for future renewal notification)  
Phone Number: 305-379-3700

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30  
NON-REFUNDABLE PROCESSING FEE: \$50

Single CR4E001 (11/09)

**Section F – Business History**

ELLER-ITO ORGANIZATION & BUSINESS HISTORY

Organized as a Delaware limited liability company On June 5, 1998, Eller-I.T.O. Stevedoring Company, L.L.C. ("Eller-ITO") qualified to do business in the State of Florida on June 18, 1998. Soon after its formation, Eller-ITO established offices and other facilities in Miami, Florida. From inception Eller-ITO's Members (or Owners) have been Ports America Florida, Inc.<sup>1</sup> and Continental Stevedoring and Terminals, Inc., each of which owns fifty percent of the company.

The largest stevedore in the Port of Miami-Dade, Eller-ITO serves cargo and cruise vessels calling at the Port. Eller-ITO's business also includes terminal and warehouse operations in the Port of Miami-Dade. Recently Eller-ITO established a container freight station for its customers.

Initially Eller-ITO continued the business of its Members and predecessors. For example, Eller-ITO and its predecessors have stevedored all of Royal Caribbean's cruise ships in the Port of Miami since the "Song of Norway" arrived in 1970. As Eller-ITO's customer base expanded, its work also

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<sup>1</sup>On June 26, 2000, I.T.O. Corporation of Florida, a Florida corporation, filed an Amendment to its Articles of Incorporation, changing its name to P&O Ports Florida, Inc. On June 4, 2007, P&O Ports Florida, Inc. filed an Amendment to its Articles of Incorporation, changing its name to Ports America Florida, Inc. Although the name has changed, the corporate entity has remained the same.

increased. For instance, Eller-ITO has been the sole stevedore in the Port of Miami-Dade for Seaboard Marine, which has grown into one of the largest cargo lines serving Central America, South America, and the Caribbean.

To serve its customers, Eller-ITO has developed the largest stevedoring and cargo-handling equipment pool in the Port of Miami-Dade for cruise, container, and break bulk/special cargo. Regular equipment purchases and leases are an integral part of Eller-ITO's business plan. Moreover, Eller-ITO's shop maintains and repairs its equipment.

Throughout Eller-ITO's existence its officers have been directly responsible for its operations. A Board of Managers meets monthly to oversee their performance. Eller-ITO employs supervisors, vessel superintendents and coordinators, shipside managers, and administrative personnel, to perform services for customers and their vessels. Pursuant to collective bargaining agreements with the International Longshoremen's Association ("ILA"), Eller-ITO utilizes ILA members to load and discharge passengers and cargo, to handle baggage and cargo, to operate, maintain, and repair its equipment, and to work in its warehouse. Included in the collective bargaining agreements are: a Deepsea Longshore Agreement, a Deepsea Clerks and Checkers Agreement, and a Mechanics and Maintenance Agreement.



**Section G – Employees**

| MANAGEMENT            | TITLE                  | YRS OF EXPERIENCE |       |
|-----------------------|------------------------|-------------------|-------|
| AROCHA, CHRISTOPHER   | SENIOR V.P.            | 17                |       |
| ALVAREZ, FERNANDO     | V.P. OF OPERATIONS     | 36                |       |
| GUARDADO, SILVIA      | V.P. OF FINANCE        | 7                 |       |
| EMPLOYEE              | TITLE                  | D/O/H             | YEARS |
| JOHNSON, ALFONSO      | SAFETY DIRECTOR        | Mar-08            | 6     |
| VASQUEZ, ARMANDO      | ASST. V.P. OF FINANCE  | Nov-10            | 4     |
| SCHROEDER, CHARLES    | OPERATIONS MANAGER     | Nov-03            | 11    |
| GONZALEZ, MARCELO     | SHOP/EQUIPMENT MANAGER | Jul-05            | 9     |
| DIAZ, DOMINGO         | ASST. SHOP MANAGER     | Jan-04            | 0     |
| DIAZ-POMARES, ARIAGNA | OFFICE MANAGER         | Aug-06            | 8     |
| MARTINEZ, FEDERICO    | BILLING SPECIALIST     | Jul-85            | 29    |
| SUAREZ, PABLO         | BILLING CLERK          | Jan-04            | 20    |
| PEREDES, ELENA        | I.L.A. PAYROLL         | Jul-85            | 29    |
| ROBLETO, KATTIE       | ACCOUNTING             | Feb-13            | 1     |
| GUARDADO, VICTOR      | BILLING CLERK          | Nov-13            | 2 MO  |
| ALEMANY, ENRIQUE      | SUPERINTENDENT         | Apr-95            | 19    |
| ALIZAGA, MANUEL       | SUPERINTENDENT         | Jun-12            | 2     |
| FORMOSO, IDALBERTO    | SUPERINTENDENT         | Jun-13            | 7 MO  |
| HERRERA, MANUEL       | SUPERINTENDENT         | Sep-04            | 10    |
| LEBRON, JONATHAN      | SUPERINTENDENT         | Jun-12            | 2     |
| NAVARRO, ROBERT       | SUPERINTENDENT         | Jun-98            | 16    |
| PEREZ, GILBERTO       | SUPERINTENDENT         | Jun-12            | 5     |
| SANTOS, ERICK         | SUPERINTENDENT         | Jun-12            | 5     |
| SCHROEDER, CHARLIE A. | SUPERINTENDENT         | Sep-12            | 2     |
| SMITH, J.C.           | WAREHOUSE MANAGER      | Jul-85            | 29    |
| VARGAS, MARIO         | SUPERINTENDENT         | Jul-85            | 29    |
| BROWN, BRUCE          | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| CASTRO, JOSE A.       | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| CHIANG, JOHNNY        | SUPERINTENDENT (P/T)   | Oct-13            | 3 MO  |
| FIGUEROA, ALEX        | SUPERINTENDENT (P/T)   | Nov-13            | 2 MO  |
| GOMEZ, JOHNNY         | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| HURST, LORRAINE       | SUPERINTENDENT (P/T)   | Dec-13            | 1 MO  |
| LIE-NIELSEN, TELLEF   | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| MADEO DOMINIC         | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| PEREZ, LEONARDO       | SUPERINTENDENT (P/T)   | Nov-13            | 3 MO  |
| PESTANA, ANTHONY      | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| SCHROEDE, KEVIN       | SUPERINTENDENT (P/T)   | Sep-13            | 4 MO  |
| SULLIVAN, MENZO       | SUPERINTENDENT (P/T)   | Dec-05            | 8     |

**Section J – Certificates of Insurance**



# CERTIFICATE OF LIABILITY INSURANCE

ELLER-1

OP ID: IS

DATE (MM/DD/YYYY)

07/01/2013

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><br>Bruce Gendelman Co., Inc.<br>Suite 101<br>500 W Brown Deer Rd<br>Milwaukee, WI 53217<br>Bruce Gendelman |  | <b>Phone:</b> 262-478-1000<br><b>Fax:</b> 262-478-1001                                                                                                  | <b>CONTACT NAME:</b> Isabel Collazo<br><b>PHONE (A/C, No, Ext):</b> 262-478-1000<br><b>FAX (A/C, No):</b> 262-478-1001<br><b>E-MAIL ADDRESS:</b> icollazo@gendelman.com |
| <b>INSURED</b><br>Eller-ITO Stevedoring Company<br>LLC<br>1007 North America Way, Ste 501<br>Miami, FL 33132               |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Starr Indemnity & Liability Co<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>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                                                                                        | ADDL SUBR INSR WVD                       | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                               |
|----------|----------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|-------------------------|-------------------------|------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b>                                                                                 | X                                        | MASILAT00034813 | 07/01/2013              | 07/01/2014              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |                                          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                          |                 |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          | <b>Marine Liability</b>                                                                                  |                                          |                 |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                       |                                          |                 |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC            |                                          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000                  |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                              |                                          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|          | <input type="checkbox"/> ANY AUTO                                                                        |                                          |                 |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                 | <input type="checkbox"/> SCHEDULED AUTOS |                 |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <input type="checkbox"/> HIRED AUTOS                                                                     | <input type="checkbox"/> NON-OWNED AUTOS |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          | <b>UMBRELLA LIAB</b>                                                                                     |                                          |                 |                         |                         | EACH OCCURRENCE \$                                   |
|          | <b>EXCESS LIAB</b>                                                                                       | <input type="checkbox"/> OCCUR           |                 |                         |                         | AGGREGATE \$                                         |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                       | <input type="checkbox"/> CLAIMS-MADE     |                 |                         |                         | \$                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                     |                                          |                 |                         |                         | WC STATUTORY LIMITS OTH-ER                           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N | N/A                                      |                 |                         |                         | E.L. EACH ACCIDENT \$                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   |                                          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |                                                                                                          |                                          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is included as an Additional Insured as required by written contract as respects to the Named Insureds Operations.

Coverage includes Pollution Liability.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                       |                                                                                                                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BROCO01</b><br>FRANCISCO VASQUEZ<br>2013.07.11<br>15:33:37 -04'00' | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Broward County<br>1850 Eller Drive<br>Ft. Lauderdale, FL 33316        | AUTHORIZED REPRESENTATIVE<br>Bruce Gendelman                                                                                                                   |

© 1988-2010 ACORD CORPORATION. All rights reserved.





ELLER-1

OP ID: IS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/10/2013

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><br>Bruce Gendelman Co., Inc.<br>Suite 101<br>500 W Brown Deer Rd<br>Milwaukee, WI 53217<br>Bruce Gendelman | <b>Phone: 262-478-1000</b> | <b>CONTACT NAME:</b> Isabel Collazo            |                                    |
|                                                                                                                            | <b>Fax: 262-478-1001</b>   | <b>PHONE (A/C, No, Ext): 262-478-1000</b>      | <b>FAX (A/C, No): 262-478-1001</b> |
|                                                                                                                            |                            | <b>E-MAIL ADDRESS:</b> icollazo@gendelman.com  |                                    |
|                                                                                                                            |                            | <b>INSURER(S) AFFORDING COVERAGE</b>           | <b>NAIC #</b>                      |
|                                                                                                                            |                            | <b>INSURER A:</b> Scottsdale Insurance Company |                                    |
|                                                                                                                            |                            | <b>INSURER B:</b>                              |                                    |
|                                                                                                                            |                            | <b>INSURER C:</b>                              |                                    |
|                                                                                                                            |                            | <b>INSURER D:</b>                              |                                    |
|                                                                                                                            |                            | <b>INSURER E:</b>                              |                                    |
|                                                                                                                            |                            | <b>INSURER F:</b>                              |                                    |

**INSURED** Eller-ITO Stevedoring Company  
LLC  
1007 North America Way, Ste 50  
Miami, FL 33132

**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                                                                              | ADDL SUBR INSR WVD                                    | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                       |
|-------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------|-------------------------|-------------------------|------------------------------------------------------------------------------|
|                                     | <b>GENERAL LIABILITY</b>                                                                       |                                                       |                   |                         |                         |                                                                              |
|                                     | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |                                                       |                   |                         |                         | EACH OCCURRENCE \$                                                           |
|                                     | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                                                       |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                 |
|                                     |                                                                                                |                                                       |                   |                         |                         | MED EXP (Any one person) \$                                                  |
|                                     |                                                                                                |                                                       |                   |                         |                         | PERSONAL & ADV INJURY \$                                                     |
|                                     |                                                                                                |                                                       |                   |                         |                         | GENERAL AGGREGATE \$                                                         |
|                                     |                                                                                                |                                                       |                   |                         |                         | PRODUCTS - COMP/OP AGG \$                                                    |
|                                     | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                                       |                   |                         |                         | \$                                                                           |
|                                     | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                       |                   |                         |                         | \$                                                                           |
| <b>A</b>                            | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                                       | <b>CAI0056777</b> | <b>06/20/2013</b>       | <b>06/20/2014</b>       |                                                                              |
| <input checked="" type="checkbox"/> | ANY AUTO                                                                                       |                                                       |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                      |
|                                     | ALL OWNED AUTOS                                                                                | <input type="checkbox"/> SCHEDULED AUTOS              |                   |                         |                         | BODILY INJURY (Per person) \$                                                |
|                                     | HIRED AUTOS                                                                                    | <input type="checkbox"/> NON-OWNED AUTOS              |                   |                         |                         | BODILY INJURY (Per accident) \$                                              |
|                                     |                                                                                                |                                                       |                   |                         |                         | PROPERTY DAMAGE (Per accident) \$                                            |
|                                     |                                                                                                |                                                       |                   |                         |                         | \$                                                                           |
|                                     | <b>UMBRELLA LIAB</b>                                                                           | <input type="checkbox"/> OCCUR                        |                   |                         |                         | EACH OCCURRENCE \$                                                           |
|                                     | <b>EXCESS LIAB</b>                                                                             | <input type="checkbox"/> CLAIMS-MADE                  |                   |                         |                         | AGGREGATE \$                                                                 |
|                                     | <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS                               |                                                       |                   |                         |                         | \$                                                                           |
|                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                                                       |                   |                         |                         |                                                                              |
|                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input type="checkbox"/> N | <b>N/A</b>        |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|                                     | If yes, describe under DESCRIPTION OF OPERATIONS below                                         |                                                       |                   |                         |                         | E.L. EACH ACCIDENT \$                                                        |
|                                     |                                                                                                |                                                       |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                                |
|                                     |                                                                                                |                                                       |                   |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION****BROCO01**

Broward County  
1850 Eller Drive  
Ft. Lauderdale, FL 33316

FRANCISCO  
VASQUEZ  
2013.07.11  
15:34:03 -04'00'

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

*Bruce Gendelman*





# CERTIFICATE OF LIABILITY INSURANCE

ELLER-1

OP ID: IS

DATE (MM/DD/YYYY)

10/02/2013

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><br>Bruce Gendelman Co., Inc.<br>Suite 101<br>500 W Brown Deer Rd<br>Milwaukee, WI 53217<br>Bruce Gendelman | <b>Phone:</b> 262-478-1000<br><b>Fax:</b> 262-478-1001 | <b>CONTACT NAME:</b> Isabel Collazo<br><b>PHONE (A/C, No, Ext):</b> 262-478-1000<br><b>E-MAIL ADDRESS:</b> icollazo@gendelman.com | <b>FAX (A/C, No):</b> 262-478-1001 |
|                                                                                                                            | <b>INSURER(S) AFFORDING COVERAGE</b>                   |                                                                                                                                   | <b>NAIC #</b>                      |
| <b>INSURED</b><br>Eller-ITO Stevedoring Company, LLC<br>1007 North America Way, Ste 501<br>Miami, FL 33132                 | <b>INSURER A:</b> Signal Mutual Indemnity Associ       |                                                                                                                                   |                                    |
|                                                                                                                            | <b>INSURER B:</b>                                      |                                                                                                                                   |                                    |
|                                                                                                                            | <b>INSURER C:</b>                                      |                                                                                                                                   |                                    |
|                                                                                                                            | <b>INSURER D:</b>                                      |                                                                                                                                   |                                    |
|                                                                                                                            | <b>INSURER E:</b>                                      |                                                                                                                                   |                                    |
|                                                                                                                            | <b>INSURER F:</b>                                      |                                                                                                                                   |                                    |

**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                                                                              | ADDL INSR                                | SUBR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                 |
|----------|------------------------------------------------------------------------------------------------|------------------------------------------|------------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b>                                                                       |                                          |            |               |                         |                         |                                                                                        |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |                                          |            |               |                         |                         | EACH OCCURRENCE \$                                                                     |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                                          |            |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                           |
|          |                                                                                                |                                          |            |               |                         |                         | MED EXP (Any one person) \$                                                            |
|          |                                                                                                |                                          |            |               |                         |                         | PERSONAL & ADV INJURY \$                                                               |
|          |                                                                                                |                                          |            |               |                         |                         | GENERAL AGGREGATE \$                                                                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                          |            |               |                         |                         | PRODUCTS - COMP/OP AGG \$                                                              |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                          |            |               |                         |                         | \$                                                                                     |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                          |            |               |                         |                         |                                                                                        |
|          | <input type="checkbox"/> ANY AUTO                                                              |                                          |            |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                                 |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                       | <input type="checkbox"/> SCHEDULED AUTOS |            |               |                         |                         | BODILY INJURY (Per person) \$                                                          |
|          | <input type="checkbox"/> HIRED AUTOS                                                           | <input type="checkbox"/> NON-OWNED AUTOS |            |               |                         |                         | BODILY INJURY (Per accident) \$                                                        |
|          |                                                                                                |                                          |            |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                                      |
|          |                                                                                                |                                          |            |               |                         |                         | \$                                                                                     |
|          | <b>UMBRELLA LIAB</b>                                                                           | <input type="checkbox"/> OCCUR           |            |               |                         |                         | EACH OCCURRENCE \$                                                                     |
|          | <b>EXCESS LIAB</b>                                                                             | <input type="checkbox"/> CLAIMS-MADE     |            |               |                         |                         | AGGREGATE \$                                                                           |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                             |                                          |            |               |                         |                         | \$                                                                                     |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           | <input type="checkbox"/> Y / N           |            | <b>25100</b>  | <b>10/01/2013</b>       | <b>10/01/2014</b>       |                                                                                        |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/>                 | <b>N/A</b> |               |                         |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                         |                                          |            |               |                         |                         | E.L. EACH ACCIDENT \$ <b>10,000,000</b>                                                |
|          |                                                                                                |                                          |            |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>10,000,000</b>                                        |
|          |                                                                                                |                                          |            |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ <b>10,000,000</b>                                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Includes USL&amp;H

**CERTIFICATE HOLDER****CANCELLATION**

Broward County  
1850 Eller Drive  
Ft. Lauderdale, FL 33316

FRANCISCO  
VASQUEZ  
2013.10.04  
09:23:16 -04'00'

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

Bruce Gendelman

**Section K**

**APPLICANT'S FINANCIAL DOCUMENTS HAVE BEEN REVIEWED BY  
PORT EVERGLADES FINANCE DIVISION.**

## Section L

### Section L

Name of Reference SIGNAL ADMINISTRATION Nature of Business INSURANCE  
Contact Name DELISA HARDAGE Title MEMBER SERVICE REPRESENTATIVE  
Legal Business Street Address 8144 Walnut Hill Lane, Suite 1600  
City, State, Zip Code Dallas, TX 75231  
Phone Number (972) 770-1677

Name of Reference AON RISK SERVICES Nature of Business INSURANCE  
Contact Name LOIS MAMULA Title INSURANCE BROKER  
Legal Business Street Address 1001 Brickell Bay Drive, Suite 1100  
City, State, Zip Code Miami, FL  
Phone Number (305) 96-6155

Name of Reference PNC BANK Nature of Business BANKING  
Contact Name CAROLINE MICHELI Title COMMERCIAL BANKING  
Legal Business Street Address First Avenue  
City, State, Zip Code Pittsburgh, PA 15219  
Phone Number (561) 803-9719



PNC Bank, National Association  
Trade Services Operations  
500 First Avenue - 2nd Floor  
Pittsburgh, PA 15219  
Mail Stop: P7-PFSC-02-T

Customer Service: 1-800-682-4689  
SWIFT Address: PNCCUS33



Section M

DATE: MARCH 18, 2014

BENEFICIARY:  
BROWARD COUNTY  
SEE BELOW FOR COMPLETE NAME/ADDRESS  
FORT LAUDERDALE FL 33316

APPLICANT:  
ELLER-ITO STEVEDORING CO., LLC  
1007 N. AMERICA WAY  
SUITE 501  
MIAMI FL 33132

AMENDMENT TO IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE: 18117306-00-000  
AMENDMENT NUMBER: 2

WE HEREBY AMEND OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER  
18117306-00-000 AS FOLLOWS:

THE AMOUNT IS INCREASED BY: USD \$40,000.00  
TOTAL LIABILITY AMOUNT NOW TO READ: USD \$80,000.00

BENEFICIARY'S COMPLETE NAME AND ADDRESS:

BROWARD COUNTY  
ATTN: CHIEF EXECUTIVE AND PORT DIRECTOR, BROWARD COUNTY'S PORT  
EVERGLADES DEPARTMENT  
1850 ELLER DRIVE  
FORT LAUDERDALE, FLORIDA 33316

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

  
PNC BANK, NATIONAL ASSOCIATION  
GLOBAL TRADE SERVICE OPERATIONS

RECEIVED BY  
PORT EVERGLADES DEPT  
BUSINESS ADMINISTRATION  
2014 MAR 20 AM 10:25



PNC Bank, National Association  
Trade Services Operations  
500 First Avenue - 2nd Floor  
Pittsburgh, PA 15219  
Mail Stop: PZ:PFSC-02-T

Customer Service: 1-800-682-4889  
SWIFT Address: PNCUS33



BENEFICIARY:  
BROWARD COUNTY  
SEE BELOW FOR COMPLETE NAME/ADDRESS  
FORT LAUDERDALE FL 33316

APPLICANT:  
ELLER-ITO STEVEDORING CO., LLC  
1007 N. AMERICA WAY  
SUITE 501  
MIAMI FL 33132

# IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE: 18117306-00-000  
AMOUNT: USD \$20,000.00  
ISSUE DATE: APRIL 30, 2012  
EXPIRY DATE: APRIL 30, 2013  
EXPIRY PLACE: OUR COUNTERS

## BENEFICIARY'S FULL NAME AND ADDRESS:

BROWARD COUNTY  
ATTN: CHIEF EXECUTIVE AND PORT DIRECTOR, BROWARD COUNTY'S PORT  
EVERGLADES DEPARTMENT  
1850 ELLER DRIVE  
FORT LAUDERDALE, FLORIDA 33316

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 18117306-00-000, IN YOUR FAVOR AND FOR THE ACCOUNT OF ELLER-ITO STEVEDORING CO., LLC, AVAILABLE BY BROWARD COUNTY'S DRAFT(S) DRAWN ON US PAYABLE AT SIGHT UP TO AN AGGREGATE AMOUNT OF TWENTY THOUSAND AND 00/100 UNITED STATES DOLLARS (US\$ 20,000.00) WHEN ACCOMPANIED BY THIS ORIGINAL LETTER OF CREDIT AND ANY ORIGINAL AMENDMENT(S), IF ANY, AND THE FOLLOWING DOCUMENTS:

1. DRAFT(S) DRAWN ON US AT SIGHT.
2. A SIGNED STATEMENT PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE CHIEF EXECUTIVE AND PORT DIRECTOR OF BROWARD COUNTY'S PORT EVERGLADES DEPARTMENT STATING THAT THE AMOUNT OF THE DRAWING REPRESENTS AMOUNTS DUE AND UNPAID TO BROWARD COUNTY ARISING FROM EITHER:

(A) FAILURE OF ELLER-ITO STEVEDORING CO., LLC TO PAY TO BROWARD COUNTY WHEN DUE, ANY AND ALL TARIFF OR OTHER CHARGES THAT HAVE ACCRUED AT PORT EVERGLADES (WHETHER RELATING TO THE FURNISHING OF SERVICES OR MATERIALS TO ELLER-ITO STEVEDORING CO., LLC, ITS PRINCIPALS, AGENTS, SERVANTS, OR EMPLOYEES AT PORT EVERGLADES; OR, DUE TO INJURY TO PROPERTY OF PORT EVERGLADES; OR, STEMMING FROM THE USE OF PORT EVERGLADES FACILITIES BY ELLER-ITO STEVEDORING CO., LLC, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES; OR, OTHERWISE);

OR

(B) COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM NON-COMPLIANCE BY ELLER-ITO STEVEDORING CO., LLC, ITS

2012 MAY 2 AM 11:32  
RECEIVED  
PORT EVERGLADES DEPT  
BUSINESS ADMIN.



PRINCIPALS, AGENTS, SERVANTS, OR EMPLOYEES WITH APPLICABLE LAWS, ORDINANCES, RULES AND REGULATIONS OF THE FEDERAL, STATE AND LOCAL GOVERNMENTAL UNITS OR AGENCIES (INCLUDING BUT NOT LIMITED TO TERMS AND PROVISIONS OF THE BROWARD COUNTY CODE OF ORDINANCES, ADMINISTRATIVE CODE, AND ALL PROCEDURES AND POLICIES OF THE PORT EVERGLADES DEPARTMENT), AS AMENDED FROM TIME TO TIME;

OR

(C) COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM ANY ACT, OMISSION, NEGLIGENCE OR MISCONDUCT OF ELLER-ITO STEVEDORING CO., LLC, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES IN PORT EVERGLADES (WHETHER CAUSING INJURY TO PERSONS OR OTHERWISE).

THIS LETTER OF CREDIT SHALL BE EXTENDED FOR SUCCESSIVE PERIODS OF ONE (1) YEAR EACH UNLESS WE PROVIDE TO BROWARD COUNTY THROUGH THE CHIEF EXECUTIVE AND PORT DIRECTOR OF THE PORT EVERGLADES DEPARTMENT AT THE ABOVE STATED ADDRESS OF OUR WRITTEN NOTICE OF OUR INTENT NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, WHICH NOTICE MUST BE PROVIDED TO YOU AT LEAST NINETY (90) CALENDAR DAYS PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL TERM HEREOF OR ANY EXTENDED ONE (1) YEAR TERM.

ANY DRAFT(S) DRAWN UNDER THIS LETTER OF CREDIT SHALL BEAR THE CLAUSE: "DRAWN UNDER PNC BANK, NATIONAL ASSOCIATION IRREVOCABLE STANDEY LETTER OF CREDIT NO. 18117306-00-000 DATED APRIL 30, 2012." THE ORIGINAL LETTER OF CREDIT AND ANY ORIGINAL AMENDMENT(S), IF ANY, MUST ACCOMPANY ANY DRAWING AND THE DATE AND AMOUNT OF EACH DRAWING MUST BE ENDORSED ON THE REVERSE SIDE OF THIS ORIGINAL LETTER OF CREDIT BY PNC BANK, NATIONAL ASSOCIATION.

THIS CREDIT IS SUBJECT TO THE "UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS" INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO 600, 2007 REVISION, AND TO THE PROVISIONS OF FLORIDA LAW. IF A CONFLICT BETWEEN THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS AND FLORIDA SHOULD ARISE, FLORIDA LAW SHALL PREVAIL. IF A CONFLICT BETWEEN THE LAW OF ANOTHER STATE OR COUNTRY AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL.

*Christian Harris*  
PNC BANK, NATIONAL ASSOCIATION  
GLOBAL TRADE SERVICE OPERATIONS

---

**From:** paul.falk@pnc.com  
**Sent:** Thursday, June 06, 2013 3:00 PM  
**To:** Janofsky, Faye  
**Subject:** Re: Letter of Credit #.  
18117306-00-000 for Eller-ITO Stevedoring Co., LLC

Faye,

Thanks for your inquiry.

I find information as follows:

18117306 Applicant is Eller-Ito SteveDoring Co., LLC - Expiry Date is 4/30/14. This is auto-renewal with 90 day notification.

If you have any questions, please contact me.

Thank You,

Paul Falk  
PNC Global Client Care  
E-Mail: [paul.falk@pnc.com](mailto:paul.falk@pnc.com)  
or: [globalclientcare@pnc.com](mailto:globalclientcare@pnc.com)  
Phone: 800-682-4689 opt 7, opt 1, x 87021  
FAX: 412-705-0966

## **Section N**

### **Section N.1. – List of Equipment**

No equipment required for steamship agent activity.

**SECTION N. #1****Section N**

| <b>Unit #</b> | <b>Make &amp; Model</b> | <b>Capacity</b> | <b>Vin#</b> | <b>Serial#</b> |
|---------------|-------------------------|-----------------|-------------|----------------|
| 242           | 2001 CATERPILLAR DP45   | 10000           | 5CM10704    |                |
| 243           | 2001 CATERPILLAR DP45   | 10000           | 5CM10724    |                |
| 244           | 2001 CATERPILLAR DP45   | 10000           | 5CM10705    |                |
| 245           | 2001 CATERPILLAR DP45   | 10000           | 5CM10728    |                |
| 246           | 2001 CATERPILLAR DP45   | 10000           | 5CM10707    |                |
| 247           | 2001 CATERPILLAR DP45   | 10000           | 5CM10708    |                |
| 248           | 2002 CATERPILLAR DP40   | 8000            | AT19C00170  |                |
| 249           | 2002 CATERPILLAR DP40   | 8000            | AT19C00171  |                |
| 250           | 2002 CATERPILLAR DP40   | 8000            | AT19C00172  |                |
| 251           | 2002 CATERPILLAR DP40   | 8000            | AT19C00173  |                |
| 252           | 2002 CATERPILLAR DP40   | 8000            | AT19C00174  |                |
| 253           | 2002 CATERPILLAR DP40   | 8000            | AT19C00175  |                |
| 254           | 2002 CATERPILLAR DP45   | 10000           | AT19C80121  |                |
| 255           | 2002 CATERPILLAR DP45   | 10000           | AT19C80122  |                |
| 256           | 2002 CATERPILLAR DP45   | 10000           | AT19C80123  |                |
| 257           | 2002 CATERPILLAR DP45   | 10000           | AT19C80124  |                |
| 258           | 2002 CATERPILLAR DP45   | 10000           | AT19C80125  |                |
| 259           | 2002 CATERPILLAR DP45   | 10000           | AT19C80126  |                |
| 263           | 2006 CATERPILLAR P6000  | 6000            | AT14E10397  |                |
| 264           | 2006 CATERPILLAR P6000  | 6000            | AT14E10398  |                |

**Section O – Business Tax Receipt**

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

**VALID OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014****DBA:**  
**Business Name:** ELLER ITO STEVEDORING COMPANY LLC**Receipt #:** 329-239182  
**Business Type:** ALL OTHERS (FREIGHT SERVICES)**Owner Name:** ELLER ITO STEVEDORING COMPANY LLC  
**Business Location:** 1007 N AMERICA WAY #501  
MIAMI DADE COUNTY**Business Opened:** 02/11/2011  
**State/County/Cert/Reg:**  
**Exemption Code:****Business Phone:** 65-0842170

Rooms

Seats

Employees  
15

Machines

Professionals

| For Vending Business Only |              |         |         |               |                 |            |
|---------------------------|--------------|---------|---------|---------------|-----------------|------------|
| Number of Machines:       |              |         |         | Vending Type: |                 |            |
| Tax Amount                | Transfer Fee | NSF Fee | Penalty | Prior Years   | Collection Cost | Total Paid |
| 120.00                    | 0.00         | 0.00    | 0.00    | 0.00          | 0.00            | 120.00     |

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS****THIS BECOMES A TAX RECEIPT****WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

ELLER ITO STEVEDORING COMPANY LLC  
2550 EISENHOWER BLVD STE 2  
FT LAUDERDALE, FL 33316

**Receipt #** 15B-12-00004343  
**Paid** 08/19/2013 120.00

**2013 - 2014**



**Section P**

**Section P – Safety Program**

1007 North America Way, #501 Miami, Florida 33132  
Telephone: (305) 379-3700 / Facsimile: (305) 371-9969

Date: Jan 10, 2014  
To: Arigana  
From: Al Johnson

## **Section P.**

1. Provide a copy of Applicants Safety program.

The elements of a good Safety Program are listed below and are outlined in the **Eller-ITO Safety Manual**. Each employee is provided with classroom instruction to ensure they understand, adhere to, and enforce the rules delineated within.

- a. Management Commitment via Written Policy
- b. Employee Assignments, Responsibilities, and Accountabilities.
- c. Safety Rules, Standards, Work Procedures and Communications
- d. Safety Training – Forklifts, Cranes, Top Loaders, Pallet Jacks
- e. Skill Training- First Aid, CPR, PPE Compliance
- f. Accident Prevention and Hazard Recognition
- g. Personal Injury and Property Damage Analysis



## **Safety Manual**

September 3, 2013

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## POLICY

The business of Eller-I.T.O. Stevedoring Company, L.L.C. ("Eller-ITO") demands that we formulate and effectuate the best safety program possible. This Safety Manual is for use in implementing such a program. The program's purpose is to eliminate personal injury, occupational illness, and equipment and property damage. The Company strives to protect not only its employees but also members of the public who come into contact with our work.

Safety starts at the top. Management and supervisory personnel are responsible for preventing incidents that result in injuries, illnesses, and damage. Each day our duty is to furnish safe and efficient work places and to send each employee home to his or her family in good health.

Christopher C. Arocha  
Senior Vice President



## OUTREACH TRAINING PROGRAM REPORT

### MARITIME

Read instructions before completing this form.

Submit completed forms to:

University of South Florida - OTH Education Center  
2612 Cypress Ridge Blvd. - Suite #101  
Wesley Chapel, FL 33544  
Phone: 813-994-1195  
Fax: 813-994-1173

Preferred Methods of Submission

e-mail: [nbrown1@health.usf.edu](mailto:nbrown1@health.usf.edu)

|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                            |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|
| 1. Trainer Name<br><b>Alfonso Johnson</b>                                                                                                                                                                                                                                                                                                                                                      | 2. ID No.                                                                                                                                                                                                                                                                           | 3. Recent Trainer Course<br><b>8-29-13</b> | 4. Expiration Date<br><b>8/29/2017</b> |
| 5. Authorizing Training Organization<br><b>/</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     |                                            |                                        |
| 6. Trainer Address <input type="checkbox"/> Check if this is a new address<br><br>Company <b>Eller 1 TO steve Poring CO</b><br><br>Address <b>1007 N America Way</b><br><br>City <b>Miami</b> State <b>FLA</b> ZIP <b>33132</b><br><br>Phone No. <b>305 399-3700</b> Email <b>AJohnson@eller1.com</b>                                                                                          |                                                                                                                                                                                                                                                                                     |                                            |                                        |
| 7. Course Conducted<br><input checked="" type="checkbox"/> 10-hour #7615-Shipyards<br><input checked="" type="checkbox"/> 10-hour #7617-Marine Terminals<br><input checked="" type="checkbox"/> 10-hour #7618-Longshoring<br><input type="checkbox"/> 30-hour #7635-Shipyards<br><input type="checkbox"/> 30-hour #7637-Marine Terminals<br><input type="checkbox"/> 30-hour #7638-Longshoring | 8. Course Information (check all that apply)<br><input type="checkbox"/> Spanish <input type="checkbox"/> Language other than English or Spanish (specify):<br><br><input type="checkbox"/> Youth (age 18 or less) <input type="checkbox"/> OSHA Alliance or Partnership (specify): |                                            | 9. No. of Students                     |
| 10. Training Site Address<br>Street address <b>NE FLA SAFETY COUNCIL</b> City <b>JAX</b> State <b>FL</b> Country <b>USA</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     |                                            |                                        |
| 11. Type of Training Site<br><input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Office <input type="checkbox"/> Hotel <input type="checkbox"/> Union <input type="checkbox"/> Employer Association <input checked="" type="checkbox"/> Other (specify): <b>NE FLORIDA SAFETY COUNCIL</b>                                                              |                                                                                                                                                                                                                                                                                     |                                            |                                        |
| 12. Course Duration<br>Start Date <b>8-26-13</b> End Date <b>8-29-13</b> Start Time <b>0800AM</b> End Time <b>1630 PM</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                            |                                        |
| 13. Sponsoring Organization<br><input type="checkbox"/> Safety & Health <input type="checkbox"/> Employer <input type="checkbox"/> Labor/Union <input type="checkbox"/> Employer Association<br><input type="checkbox"/> Education <input type="checkbox"/> Community <input type="checkbox"/> N/A <input type="checkbox"/> Other (specify)                                                    |                                                                                                                                                                                                                                                                                     |                                            |                                        |

#### 14. Statement of Certification

I certify that I have conducted this outreach training class in accordance with the OSHA Outreach Training Program guidelines. I have maintained the training records as required by these guidelines and I will provide these records to the OSHA Directorate of Training and Education (or their designee) upon request. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. 1001 and section 17(g) of the Occupational Safety and Health Act, 29 U.S.C. 666(g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act. I hereby attest that all provided is true and correct.

#### Privacy Act Statement and Paperwork Reduction Act Statement

The Privacy Act of 1974 as amended (5 U.S.C. 552a), section 901 of Title 30 to the US Code and 20 CFR 725.504 - 513 authorize collection of this information. The purpose of this information is to determine whether the trainer is authorized and whether the training was properly completed. Completion of this form is not mandatory, however, this information is required to obtain OSHA student course completion cards. Additional disclosures of this information are not required.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain OSHA student course completion cards as stated in OSHA's Outreach Training Program guidelines. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Occupational Safety and Health Administration, Directorate of Standards and Guidance, 200 Constitution Avenue, NW, Room N3718, Washington, DC 20210 and reference the OMB Control Number. Note: Please do not return the completed OSHA Form 4-50.3 to this address.

## **MESSAGE FROM MANAGEMENT**

On behalf of ELLER-ITO's Management and Staff, I welcome you and wish you every success in your employment here. Each employee contributes directly to ELLER-ITO's growth and success, and we hope you take pride in being a member of our team. We trust your experience will be challenging, enjoyable, and rewarding.

Again, welcome!

Sincerely,

Christopher C. Arocha  
Senior Vice President



# Employee Handbook



Stevedoring Company L.L.C.

**January 2013**

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Our experience has shown that open and direct dealings among employees and their supervisors contribute to an excellent work environment, clear communications, and positive attitudes. To preserve direct employer/employee communications, we protect the employees' right to speak. Moreover, we believe management demonstrates commitment to employees by responding promptly and effectively to their concerns.

ELLER-ITO employment relationships are voluntary and at will. No one other than the Board of Managers may enter into an agreement for employment with an employee for a specific period of time, which is a deviation from the employment-at-will relationship. Furthermore, any such agreement must be in writing.

Employees are free to resign at any time, with or without cause. (Resignation is a voluntary act initiated by the employee to terminate employment.) ELLER-ITO requests only that an employee deliver written notice at least two weeks prior to the intended resignation date and comply with employee termination requirements. Likewise, ELLER-ITO may terminate the employment-at-will relationship at any time, with or without cause, so long as no violation of applicable federal or state law occurs.

### **Equal Employment Opportunity.**

ELLER-ITO employment and advancement decisions are based on merit, qualifications, and abilities. ELLER-ITO does not discriminate in employment opportunities and practices on the basis of race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age, disability, medical condition, marital status, or any other characteristic protected by law.

ELLER-ITO will make reasonable accommodations for qualified individuals with known disabilities, unless such accommodations would result in undue hardship or adversely affect safety. This policy governs all aspects of employment, including selection, training, job assignment, advancement, compensation, benefits, discipline, and termination. Any employee with questions or concerns about possible discrimination in the workplace is encouraged to contact his or her immediate supervisor. Any person engaging in or tolerating unlawful discrimination will be subject to disciplinary action, which may result in suspension or termination of employment.

### **Business Ethics, Conduct.**

The foundations for ELLER-ITO's successful business operation and reputation are fair dealing and ethical conduct. Preservation of ELLER-ITO's reputation for integrity and excellence requires careful compliance with applicable laws and regulations, as well as scrupulous regard for the highest standards of personal integrity. All ELLER-ITO personnel must conduct business in accordance with applicable laws and regulations and must refrain from illegal, dishonest, or unethical conduct.

Adherence to ELLER-ITO's policy of business ethics and conduct is every employee's obligation. The continued success of ELLER-ITO depends on the trust of our customers, and we

the customer, provider, or supplier, the employee may accept the gift and forfeit it to ELLER-ITO. Furthermore, the employee must notify his or her supervisor immediately. To avoid the appearance of impropriety, any concessions received by an employee due to his or her association with ELLER-ITO shall be given away through a drawing for all employees.

No ELLER-ITO employee may perform services for a competitor without the prior written permission of the Senior Vice President. Employees may hold outside jobs in businesses that do not compete with ELLER-ITO, as long as they meet the performance requirements of their employment with ELLER-ITO. Each employee will be judged by the same performance standards and will be subject to ELLER-ITO scheduling demands, regardless of any outside jobs. If ELLER-ITO determines that an employee's outside work interferes with performance or the ability to meet ELLER-ITO's requirements, as modified from time to time, the employee may be asked to terminate the outside employment.

These guidelines provide general direction. On any issues as to acceptable standards of operation or conflicts of interest, employees should seek more information or further clarification through their supervisors and managers.

### **Non-Disclosure, Confidentiality.**

The protection of confidential business information and trade secrets is vital to the interests and the success of ELLER-ITO. Examples of confidential business information include:

- Customer financial or personal business.
- Customer lists.
- Customer preferences.
- Customer information.
- Company financial information.
- Company marketing strategies.
- Company projects and proposals.
- Company compensation data.
- Company technical or mechanical trade secrets/processes.
- Private employee or customer information.

Each employee who receives confidential information may be required to sign a nondisclosure agreement as a condition of employment. An employee who improperly uses or discloses confidential business information or trade secrets will be subject to disciplinary action, which may result in penalties, including but not limited to suspension or termination of employment, and legal action, even if he or she does not actually benefit from disclosed confidential business information or trade secrets.

### **Immigration Compliance.**

As a condition of employment, each new employee must complete the Employment



2. Provide a copy of Applicant's substance abuse policy.

**As delineated in the Eller-ITO Employees Handbook, page 21:**

- a. "Eller-ITO we strive to provide a drug- free, healthful, and safe workplace; and employees are required to report to work in mental and physical condition that facilities satisfactory and safe performance of their jobs. No employee who is on Eller-ITO premises or conducting business related activities off Eller-ITO premises may may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform job in an effective and safe manner. Violations of this policy may lead to disciplinary action, which may result in immediate suspension or termination of employment, as well as required participation in a substance abuse, rehabilitation, or treatment programs. Such violations also have legal consequences, both civil and criminal."

"If an employee informs management of a drug or alcohol problem, consideration will be given to allowing unpaid leave, so the employee can enroll in a rehabilitation program. Eller-ITO reserves the right to request that an employee take a drug test when there is reasonable suspicion that the employee is using or experiencing the effects of drugs, alcohol, or any other substance."

- b. In regards to the International Longshoreman Association, (contracted labor hired by Eller-ITO), a 'Memorandum of Agreement' to Management –ILA Collective Bargaining Agreement exists that supports the effort to provide a drug-free, safe workplace. The Collective Bargaining Agreement further expands on the right to subject an ILA employee to submit to a sample of urine and / or alcohol for chemical analysis. The purpose of the analysis is to determine or to rule the presence of alcohol, drugs, prohibited dangerous substance that can affect the ability of the employee to perform satisfactorily. In the event that the test shall show positive results, the Collective Bargaining Agreement outlines disciplinary actions that may occur; or if offered and accepted, the opportunity to abide by the terms and conditions for treatment and rehabilitation as set forth in the Alcohol and Substance Abuse Program.

- "White Collar Crime", such as fraud, theft, or embezzlement, which violates local, state, or federal laws. ELLER-ITO will prosecute to the fullest extent of the law any type of fraud or embezzlement and file claims through a bonding agency.
- Falsification of ELLER-ITO records.
- Working under the influence of alcohol or illegal drugs.
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs on ELLER-ITO premises.
- Possession, distribution, sale, transfer, or use of alcohol or drugs in any location while the employee is on duty or is operating vehicles or equipment owned or leased by ELLER-ITO or its customers.
- Fighting or threatening violence in the workplace.
- Disruptive activity in the workplace.
- Negligence or misconduct resulting, directly or indirectly, in loss of or damage to property owned, leased, or operated by ELLER-ITO or its customers.
- Insubordination or other disrespectful conduct.
- Violation of safety or health rules.
- Smoking in prohibited areas.
- Sexual or other harassment.
- Possession of dangerous or unauthorized materials, such as explosives or firearms, on ELLER-ITO premises.
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in any location while the employee is on duty.
- Unauthorized use of telephones, mail system, or other equipment owned, leased, or operated by ELLER-ITO or its customers.
- Unauthorized disclosure of business "secrets" or confidential information.
- Violation of ELLER-ITO personnel policies.
- Unsatisfactory performance.
- Excessive absenteeism or tardiness or any unjustified absence.

As stated above, the employment relationship is at the mutual consent of ELLER-ITO and the employee. Either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

### **Drugs, Alcohol Use.**

ELLER-ITO strives to provide a drug-free, healthful, and safe workplace; and employees are required to report to work in mental and physical condition that facilitates satisfactory and safe performance of their jobs. No employee who is on ELLER-ITO premises or conducting business-related activities off ELLER-ITO premises may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. Senior management may allow the use of alcohol for special occasions (e.g., after-hours or holiday gatherings). The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the job in an effective and safe manner. Violations of this policy may lead to disciplinary action, which may

result in immediate suspension or termination of employment, as well as required participation in a substance abuse, rehabilitation, or treatment programs. Such violations also have legal consequences, both civil and criminal.

If an employee informs management of a drug or alcohol problem, consideration will be given to allowing unpaid leave, so that the employee can enroll in a rehabilitation program. ELLER-ITO reserves the right to request that an employee take a drug test when there is reasonable suspicion that the employee is using or experiencing the effects of drugs, alcohol, or any other substances.

### **Harassment.**

ELLER-ITO is committed to a work environment that is free from all forms of discrimination, as well as conduct that could be considered harassing, coercive, or disruptive. ELLER-ITO does not tolerate actions or words, including jokes and comments, that disparage or question an individual's race, color, national origin, age, religion, disability, sex, sexual orientation, or any other legally protected characteristic. Sexual harassment is improper visual, verbal, or physical conduct of a sexual nature, such as unwanted sexual advances. This general definition covers many forms of offensive gender-based behavior and includes harassment of a person of the same sex as the harasser.

Unwelcome verbal or physical sexual advances, requests for sexual favors, and other conduct of a sexual nature constitute sexual harassment when such conduct is a term or condition of employment, either explicit or implicit; submission to or rejection of such conduct is a basis or factor for employment decisions; or such conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment. Among examples of verbal and physical sexual harassment are:

- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Leers, sexual gestures, or display of sexual parts.
- Derogatory sexual comments, epithets, slurs, or jokes.
- Sexual advances or propositions.
- Graphic, sexually degrading, or abusive words in reference to an individual or his or her body, and suggestive or obscene letters, notes, or invitations.
- Aggressive physical conduct, such as improper touching, assaulting, or impeding or blocking movements.

Every ELLER-ITO employee can report and raise concerns and report without fear of reprisal or retaliation. An employee who experiences or witnesses sexual or other harassment in the workplace must advise a supervisor immediately. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should contact a manager or senior management. Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must advise the Senior Vice President immediately.

## EMPLOYEE ACKNOWLEDGMENT

I acknowledge receipt of the Employee Handbook, which describes important information about ELLER-I.T.O. STEVEDORING COMPANY L.L.C. ("ELLER-ITO"), and understand that I should consult my supervisor as to any questions. I have entered into my employment relationship with ELLER-ITO voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or ELLER-ITO can terminate the employment relationship at will, with or without cause, at any time, so long as the termination does not violate applicable federal or state law.

Since the information, policies, and benefits described in this Handbook are necessarily subject to change, I acknowledge that revisions to the Handbook and to the terms and conditions of my employment, except to ELLER-ITO employment-at-will, may occur. All such changes will be communicated through official notices; and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Senior Vice President and the Board of Managers of ELLER-ITO have the right and power to revise policies in this Handbook or terms and conditions of employment.

Furthermore, I acknowledge that this Handbook is not a contract of employment. I understand that I am responsible to read and comply with the policies in this Handbook and any revisions.

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MANAGEMENT-ILA  
PROGRAM FOR  
DRUG AND ALCOHOL ABUSE

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4. Provide information regarding frequency of training.

- Training is offered on a weekly basis (Mon or Tues) for Powered Industrial Trucks (PIT) including Top Loaders, Forklifts, and Heavy Lifts to ILA members requiring certification / or re-certification training. PIT certifications must be renewed every three years per OSHA.
- Crane Operator training is also provided on a weekly basis (every Monday) to ILA members requiring training needs.
- Hazardous Materials Awareness Training- is provided on a quarterly basis /or as need. Haz Mat certifications are required by both Eller-ITO Superintendents and ILA members. Haz-Mat must be renewed every 3 years per OSHA.
- First Aid and CPR training is provided to Eller-ITO Superintendents every two years per OSHA requirements.
- OSHA 10 Hour Safety Training Course is provided to E-I Superintendents every four years as required by OSHA.
- Accident Prevention and Supervisor Management training is provided by Signal Mutual annually. Every Superintendent is required to attend.
- Superintendent Meetings are held on the first Tuesday of each odd month. A myriad of safety and training topics are discussed pertaining to Stevedoring operations / concerns.
- Lastly, an Eller-ITO / ILA Safety Meeting is held on the first Wednesday of every even month. A myriad of safety and training topics are discussed. This includes guest speakers from industry- demonstrating Harness Belts applications, and other safety equipment features.





Stevedoring Company, L.L.C.

1007 North America Way # 501 Miami, Florida 33132

Telephone: (305) 379-3700 / Facsimile: (305) 371-9969

## Eller-ITO Training -Recap 2013

### January

- Lashing Training –New Car Carriers @ SB 1-10-13
- Ports America Roadmap Reporting Tools 1-18-13

### February

- E-I / ILA Safety Meeting 2-06-13
- Safety Meeting – Stevedores 2-11-13
- Town Hall Meeting @ Union Hall 2-26-13
- Liebherr Crane Operators Training 2-26-13

### March

- Signal – Supervisor Leadership Training 3-07-13

### April

- Hazardous Communication Standards 4-03-13
- POM Safety Meeting 4-17-13

### May

- E-I / ILA Safety Meeting 5-16-13
- ARB Accident Review Board 5-20-13
- New Employee Orientation Training 5-28-13

### June

- Safety Meeting – Near Miss 6-05-13
- OSHA Training Classes- All Supervisors 6-17-13
- To PTC & STO- Stevedore Ops Review 6-25-13

### July

- E-I / ILA Safety Meeting @ PEV 7-22-13
- Forklift & Top Loader Training 7-31-13
- CPR Training Classes 7-23-13



## Stevedoring Company, L.L.C.

---

1007 North America Way # 501 Miami, Florida 33132

Telephone: (305) 379-3700 / Facsimile: (305) 371-9969

### August

- What did You do to make your Environment Safe Today 8-07-13
- OTI Train the Trainer Classes in Jax, Fl 8-26-13

### September

- New Employee Orientation Training 9-09-13
- Miami Dade Fire Truck 9-18-13
- Porter Training @ PEV 9-19-13

### October

- Railway Operations Training 10-09-13

### November

- Reach Stacker Training 11-14-13
- New Haz Com Rules Training 11-27-13

### December

- E-I / ILA Safety Meeting 12-04-13
- Stevedore Safety Meeting- Ops Procedures 12-10-13



MT1002961

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Adalberto Hormosera

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002962

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Charlie A. Schroeder

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002963

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

J. C. Smith

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002964

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Mario Vargas

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002965

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Enrique Aleman

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002966

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Manuel Herrera

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002967

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Johnny Acosta

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



MT1002968

Course #7617

## 10-hour Maritime: Marine Terminals

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Johnny Acosta

This course emphasizes worker awareness of safety and health hazards in Marine Terminals.

Trainer: Al Johnson

Expiration Date: 6-20-18



LS1003071

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Jaime Ritcher

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003072

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Marcelo Gonzalez

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003073

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Mario Tabraue

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003074

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Johnny Gomez

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003075

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

J.C. Smith

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003076

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Peter Gonzalez del Pino

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003077

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Enrique Kiko Alemany

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003079

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Menzo Sullivan

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

LS1003080

Course #7618

**10-hour Maritime: Longshoring**

This card acknowledges that the recipient has successfully completed a 10-hour course in Occupational Safety and Health Hazards for the Maritime Industry.

Dervis Perez

This course emphasizes worker awareness of safety and health hazards in Longshoring.

Trainer: Alfonso Johnson Expiration Date: 07-14-2014

### **Section Q.3. – OSHA Violations**

## SUMMARY

### OSHA Citations

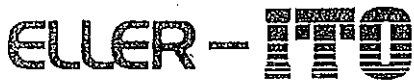
- **OSHA Inspection #313101057**  
Inspection Date: 4/28/2009-6/6/2009  
Issuance Date: 8/5/2009  
Type of Violation: Other.  
On or about 5/6/2008, a top loader was left unattended without its top-pick container attachment fully lowered.  
Corrective action: Driver sent for re-certification. See attached for additional corrective measures taken. No fine. Case closed.
  
- **OSHA Inspection #315352310**  
Inspection Date: 3/31/2011-7/25/2011  
Issuance Date: 7/26/2011  
Type of Violation: Serious  
On or about 3/30/2011, at Port of Miami (vessel: Seaboard Victory), cargo loaded or discharged during roll-on/roll-off operations was not secured to prevent sliding loads, exposing employees to "struck-by" and "caught-in-between" hazards. Resulted in a fatality. (See attached OSHA citation and company's critical incident report.)  
Corrective action: See attached report by Eller-I.T.O of corrective actions taken.  
Status: Closed. Applicant paid fine of \$6,300.00 on 6/21/2012.
  
- **OSHA Inspection #315353235**  
Inspection Date: 5/4/2011  
Issuance Date: 10/20/2011  
Type of Violation: Serious  
On or about 5/4/2011, at Port of Miami (vessel: Seaboard Spirit), an employee was exposed to being "struck-by" a truck trailer and container that was moved in the forward direction from their stowed location in ship. Resulted in fatality. (See attached OSHA citation and company's critical incident report.)  
Corrective action: See attached report by Eller-I.T.O. of corrective actions taken.  
Status: Pending. Applicant states that the citation is pending and is currently in litigation; being contested by applicant. The case is on Petition for Review in the U.S. Court of Appeals for the Eleventh Circuit. The parties have filed briefs and are awaiting the rescheduling of oral argument, which had been scheduled for 3/17/2014 but was later postponed by the appellate court.

**Summary of Corrective Action for Fatal Incidents  
(#315352310 and #315353235) – See Eller-I.T.O. report attached):**

Corrective measures to decrease the risk of future accidents included enhanced training, establishment of committees, and outreach to other organizations to emphasize the need for comprehensive safety improvements. Actions include increasing the frequency and extent of safety audit inspections of vessels worked by its employees; conducting meetings with external organizations to emphasize the need for safety improvements; reporting in writing unsafe or hazardous conditions to vessel owners upon discovery; holding town hall meetings with longshore union members; augmentation and updating of training including the company's Lasher Operations Training Manual covering ramp discharge operations; communicating to its employees the fundamentals of the "fatal five standards," enforcing strict compliance; setting up a disciplinary "safety violation ticket book" system; conducting review of vessel discharge plans, inspections prior to commencing work and providing additional supervisory oversight to increase safety, training and awareness.

Prepared by Port Administration 2/21/14

h:\wpdocs\eller-ito section q summary.doc



1007 North America Way, # 501 Miami, Florida 33132  
Telephone: (305) 379-3700 / Facsimile: (305) 371-9969

Re: OSHA Inspection #313101057

### Q 3.

Eller-ITO Stevedoring Co. received inspection number 313101057, referred to as an "Other" Citation 1 violation for an incident occurring on May 6, 2008. A Top Loader was left unattended without having its top-pick container attachment fully lowered to the ground.

Eller-ITO Stevedoring Co. took immediate and corrective measures including:

- The operator was sent for re-certification training.
- Conducted on-ongoing training with Labor to ensure compliance with safety standards.
- The Risk Manager completed the OTI 5400 – 40 hours OSHA Training Course.
- The Superintendents were also training in the OSHA 10 hours training course.

There were no fines associated with the issuance of this citation.

Eller-ITO Stevedoring Co. chose not to contest the findings, because Safety is our Top Priority and we value our employees, we took immediate corrective actions to prevent a repeat occurrence.



U.S. Department of Labor  
Occupational Safety and Health Administration  
8040 PETERS ROAD  
Building H-100  
FORT LAUDERDALE, FL 33324  
Phone: (954)424-0242 FAX: (954)424-3073



## Citation and Notification of Penalty

To:  
Eller-ITO Stevedoring Company, LLC  
and its successors  
899 South America Way  
Miami, FL 33132

Inspection Number: 313101057  
Inspection Date(s): 04/28/2009 - 05/06/2009  
Issuance Date: 08/05/2009

Inspection Site:  
1630 Port Boulevard  
Miami, FL 33132

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. **The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.**

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal

conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the page 3 Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

**Penalty Payment** - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

## NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 08/05/2009. The conference will be held at the OSHA office located at 8040 PETERS ROAD, Building H-100, FORT LAUDERDALE, FL, 33324 on \_\_\_\_\_ at \_\_\_\_\_.

Employees and/or representatives of employees have a right to attend an informal conference.

**U.S. DEPARTMENT OF LABOR  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

**GUIDELINES FOR PREPARING A NOTIFICATION OF CORRECTIVE ACTION**

**Notification of Corrective Action** - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of the OSHA office issuing the citation and identified above. The certification must be sent by you within 10 calendar days of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

**All abatement verification documents must contain the following information:** 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

**Inspection Activity Data** - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation, but not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at [WWW.OSHA.GOV](http://WWW.OSHA.GOV). If you have any dispute with the accuracy of the information displayed, please contact this office.

**NOTE: NON-CERTIFICATION OF ABATEMENT CAN RESULT IN ADDITIONAL PENALTIES  
BEING ASSESSED!**

## ABATEMENT CERTIFICATION

Darlene Fossum, Area Director  
U.S. Department of Labor - OSHA  
8040 PETERS ROAD  
Building H-100  
FORT LAUDERDALE, FL 33324  
Phone: (954)424-0242

Eller-ITO Stevedoring Company, LLC  
899 South America Way  
Miami, FL 33132

The hazard referenced in Inspection Number 313101057 for the violation identified as:

The hazard referenced in Inspection Number 313101057 for the violation identified as  
Citation 1 and Item 1 was corrected on Aug. 6, 2009  
by the following method: The driver was sent back for re-certification / training.

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_

NOTE: 29 USC 666.(g): Whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than six months or both.

POSTING: A copy of the completed Corrective Action Worksheet should be posted for employee review.

  
Signature

Al Johnson, Risk Manager  
Typed or Printed Name

We have also taken the following measures:

1. Our Risk Manager has completed the OTI 5400- 40hr OSHA Training taught by USF.
2. Our Superintendents have been trained in the OSHA 10hr training course.
3. The appropriate Labor / Management issues have been addressed.
4. We are conducting on-going meetings with the ILA labor to ensure safety standards are

11/11/09 0 12-09



**Citation and Notification of Penalty**

Company Name: Elller-ITO Stevedoring Company, LLC  
Inspection Site: 1630 Port Boulevard, Miami, FL 33132

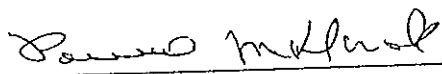
**Citation 1 Item 1** Type of Violation: Other

29 CFR 1917.43(b)(3): Load engaging means was not fully lowered, controls neutralized and brakes set when powered industrial truck was left unattended:

- a. At the Seaboard Marine Terminal area, a top loader (Taylor #526) was left unattended without having its top-pick container attachment fully lowered, on or about 5/6/2008.

Note: Certification of abatement must be submitted for this citation item as required by 29 CFR 1903.19(c).

|                                         |            |
|-----------------------------------------|------------|
| Date By Which Violation Must be Abated: | 08/11/2009 |
| Proposed Penalty:                       | \$ 0.00    |

*FRK*   
\_\_\_\_\_  
Darlene Fossum  
Area Director

**SUMMARY OF PROPOSED PENALTIES**

Summary of Penalties for Inspection Number 313101057

|                                 |             |             |
|---------------------------------|-------------|-------------|
| Citation 1, Other               | = \$        | 0.00        |
| <b>TOTAL PROPOSED PENALTIES</b> | <b>= \$</b> | <b>0.00</b> |

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor  
Occupational Safety and Health Administration  
1000 South Pine Island Road  
Suite 100  
Fort Lauderdale, FL 33324  
Phone: (954)424-0242 FAX: (954)424-3073



## Citation and Notification of Penalty

**To:**  
Eller-ITO Stevedoring Company LLC  
and its successors  
1007 North America Way #501  
Miami, FL 33132

**Inspection Number:** 315352310  
**Inspection Date(s):** 03/31/2011 - 07/25/2011  
**Issuance Date:** 07/26/2011

**Inspection Site:**  
Seaboard Ship Victory, Dock 133, Port of Miami  
Miami, FL 33132

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal

conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the page 3 Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

**Penalty Payment** - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.



## NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 08/05/2009. The conference will be held at the OSHA office located at 8040 PETERS ROAD, Building H-100, FORT LAUDERDALE, FL, 33324 on \_\_\_\_\_ at \_\_\_\_\_.

Employees and/or representatives of employees have a right to attend an informal conference.

**U.S. DEPARTMENT OF LABOR  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

**GUIDELINES FOR PREPARING A NOTIFICATION OF CORRECTIVE ACTION**

**Notification of Corrective Action** - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of the OSHA office issuing the citation and identified above. The certification must be sent by you within 10 calendar days of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

**All abatement verification documents must contain the following information:** 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

**Inspection Activity Data** - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation, but not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at [WWW.OSHA.GOV](http://WWW.OSHA.GOV). If you have any dispute with the accuracy of the information displayed, please contact this office.

**NOTE: NON-CERTIFICATION OF ABATEMENT CAN RESULT IN ADDITIONAL PENALTIES BEING ASSESSED!**

**U.S. Department of Labor**  
Occupational Safety and Health Administration

Inspection Number: 315352310  
Inspection Dates: 03/31/2011 - 07/25/2011  
Issuance Date: 07/26/2011



**Citation and Notification of Penalty**

**Company Name:** Eller-ITO Stevedoring Company LLC  
**Inspection Site:** Seaboard Ship Victory, Dock 133, Port of Miami, Miami, FL 33132

**Citation 1 Item 1** Type of Violation: **Serious**

29 CFR 1918.86(l): Cargo loaded or discharged during roll-on/roll-off operations was not secured to prevent sliding loads:

On or about 03/30/2011, at dock 133 of the Port of Miami, Florida, aboard Seaboard ship Victory, on an access ramp, a ramp leading to the stern ramp and a deck, employees unlash chasis were exposed to struck-by and caught-in-between hazards associated with rolling/falling cargo: a) The chasis wheels to Seaboard chasis SMLC 141398 (a 40-foot chasis having a tare weight of 6,880 pounds and carrying a refrigerated container weighing 57,100 pounds) were not chocked; b) The chasis rested on an incline ramp having an angle of elevation of approximately 10 degrees and the chasis front (nose) section was down the slope; c) The chasis had non-operable brakes and was not connected to a tractor (mule); and d) The employees moved down the ramp unlash the chasis at the rear and working their way to the front (nose) section.

**PLEASE NOTE: DOCUMENTATION AND CERTIFICATION OF ABATEMENT IS REQUIRED FOR THIS VIOLATION.**

|                                         |            |
|-----------------------------------------|------------|
| Date By Which Violation Must be Abated: | 08/09/2011 |
| Proposed Penalty:                       | \$ 6300.00 |

Darlene Fossum  
Area Director

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

# U.S. Department of Labor

Occupational Safety and Health Administration

1000 South Pine Island Road

Suite 100

Fort Lauderdale, FL 33324

Phone: (954)424-0242 FAX: (954)424-3073



## INVOICE/ DEBT COLLECTION NOTICE

---

**Company Name:** Eller-ITO Stevedoring Company LLC  
**Inspection Site:** Seaboard Ship Victory, Dock 133, Port of Miami, Miami, FL 33132  
**Issuance Date:** 07/26/2011  
**Summary of Penalties for Inspection Number** 315352310

|                                 |             |                |
|---------------------------------|-------------|----------------|
| Citation 1, Serious             | = \$        | 6300.00        |
| <b>TOTAL PROPOSED PENALTIES</b> | <b>= \$</b> | <b>6300.00</b> |

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To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to:

"DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due and will cash the check or money order as if these restrictions or conditions do not exist.

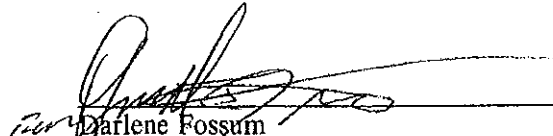
If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

**Interest.** Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is 4%. Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

**Delinquent Charges.** A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

**Administrative Costs.** Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

  
\_\_\_\_\_  
Darlene Fossum  
Area Director

07/27/11  
\_\_\_\_\_  
Date

Corrective action, taken by you for each alleged violation should be submitted to this office on or about the abatement dates indicated on the Citation and Notification of Penalty.

If the hazards itemized on this citation(s) are not abated/corrected and a follow-up inspection is conducted, your establishment may receive a Failure to Abate Citation for the uncorrected hazards with subsequent additional monetary penalties of up to thirty (30) times the original penalty amount of the uncorrected hazards.

A work sheet has been provided to assist in providing the required abatement information. A completed copy of this work sheet should be posted at the worksite with the Citation(s).



# PORTS AMERICA CRITICAL INCIDENT REPORT

Eller-ITO (Miami JV) - FATALITY 3-30-2011

## PART A Initial Notification - Complete and email within 24hrs of incident occurring.

### Description of Incident: (Who, what, how and where)

On March 30, 2011, at approx. 7:05 pm discharge operations began on the RoRo vessel SB Victory at the Port of Miami. Longshoreman-lashers boarded the vessel to unlash cargo on the weather deck and access ramps. Mr. Whyms was partnered with C Pittman III and began working on the access ramp. The 40 foot loaded reefer containers were mounted on chassis resting on support stands on a sloped ramp with an approx. 28 degree angle (stowed with front of unit on the down slope). Prior to discharging the container and chassis, Whyms and Pittman were working around the unit in question, unlash the chains. The lashers were unable to unlash one chain from the rear (on the upslope side) due to excessive strain on the chain. When they released the final forward (down slope side) the unit began to roll down the ramp (approx. 6-8 feet) causing the support stand to fall and the landing legs collapsed, pinning Mr. Whyms under the front of the chassis.

### Details of Injuries/Damage/Impact: (Nature and extent of injuries/damage)

Victim sustained crushing injuries.  
Awaiting fatal Injury report from ME and police.

### Immediate action taken?

Discontinued all ship operations.  
911 Police / EMS were called to scene.  
Scene was secured. E-I ILA personnel went on the scene to re-secure all four containers in this area.

### General Incident Details

Incident Date: 03-30-2011 Time of incident: 1905 Business unit: Eller-ITO -Miami

Site: Miami (Seaboard Vessel) Operation: Discharge Ro-Ro Operations

Persons involved in incident: Employee, contractor, 3<sup>rd</sup> party? ILA Employee

Does a site procedure or standard exist to control this risk? Yes, No or Unknown YES

Incident severity rating: (level 1-5) \*

\* Refer to Incident Severity Rating table on Page 3

Actual:

4

Potential:

4

Photographs: (Insert photograph below)

## CRITICAL INCIDENT REPORT

|                                                                                                                                                                                           |                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) No wheel Chocks by outbound terminal operator.<br>2) Defective Chassis Brakes<br>3) No rubber matting under support stands (metal on metal)<br>4) Shortage of lashing chains (6 of 8). | 1) Unsafe stowage (40' loaded reefer loaded on sloped ramp).<br>2) Failure to follow written procedures and protocols.<br>3) Improper loading of container – majority of weight in the nose. | 1) Congested / restricted space.<br>2) Low light<br>3) Noisy<br>4) Uneven surface<br>5) Declining slope | 1) No equipment inspection on chassis by outbound terminal operator.<br>2) Need to emphasize hazard recognition and / or communication<br>3) Error tolerance<br>4) Insufficient lashing. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Recommended Corrective Actions:<br>(Utilise the identified Absent/Failed Defenses and Organisational Factors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Key Learnings                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Emphasize the importance of pre-ship inspection by Stevedore to identify hazardous conditions found prior to the start of operations. (Eller-ITO – Fernando Alvarez)<br>2) Explore implementation of a system to certify lasher training (Eller-ITO – Al Johnson with SEFPA).<br>3) Consider unlashing on ramps to be supervised by a company superintendent. (Eller-ITO – Fernando Alvarez)<br>4) Establish procedure with S/S line to ensure safe stowage, lashing, chocking in place, all chassis brakes set and operable, confirm proper weight and balance-in-load of stuffed containers, and proper PM's done on all chassis. (Eller-ITO – Chris Arocha)<br>5) Update ramp unlashing procedures. (Eller-ITO – Al Johnson) | 1) Unsafe conditions/practices created by S/S Lines and/or vendors must be identified, reviewed, and corrected with responsible parties.<br>2) Review and follow established procedures (no shortcuts).<br>3) Cannot allow operational or commercial safety complacency. |

### Person completing this form (and to contact for further information)

Name: 
Date: 
Phone:



# PORTS AMERICA CRITICAL INCIDENT REPORT

Email

ajohnson@ellerito.com

Status of investigation *Initial/Final*

Final



# INCIDENT SEVERITY RATINGS

## What needs to be completed?

- ① Incident levels 1 to 3: Managed at site; however if a Level 1 to 3 incident meets **Ports America Reporting Criteria**, then **Part A** must be completed and submitted.
- ① Incident levels 4 to 5: Part A and Part B

| Incident Severity Matrix |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level                    | Descriptor    | Examples of incidents for each severity level                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1                        | Insignificant | <ul style="list-style-type: none"> <li>† No injuries</li> <li>† No environmental damage</li> <li>† No financial or reputation loss</li> </ul>                                                                                                                                                                                                                                                                                                                               |
| 2                        | Minor         | <ul style="list-style-type: none"> <li>† First aid treatment, 1-2 days lost time</li> <li>† Onsite release of pollutant (&lt;200 litres/kg) that is immediately contained without causing land contamination AND does not migrate offsite to land or waterways.</li> <li>† Financial loss (£5K - £25K)</li> <li>† Reputation loss (Local media attention)</li> </ul>                                                                                                        |
| 3                        | Moderate      | <ul style="list-style-type: none"> <li>† Medical treatment, &gt;3 days lost time</li> <li>† Onsite release of pollutant (&lt;200 litres/kg) that is mostly contained but causes moderate contamination (refer to financial loss) OR offsite release of pollutant (&lt;200 litres/kg) to land or waterways.</li> <li>† Financial loss (£25K - £100K)</li> <li>† Reputation loss (State/County media attention)</li> </ul>                                                    |
| 4                        | Major         | <ul style="list-style-type: none"> <li>† Single fatality, extensive injuries such as permanent disability/amputation; or resuscitation is required.</li> <li>† Onsite release of pollutant (200 to 2,000 litres/kg) that causes major contamination (refer to financial loss) OR offsite release of pollutant (200 to 2,000 litres/kg) to land or waterways.</li> <li>† Financial loss (£100K - £1Million)</li> <li>† Reputation loss (National media attention)</li> </ul> |
| 5                        | Catastrophic  | <ul style="list-style-type: none"> <li>† Multiple fatalities</li> <li>† Onsite release of pollutant (&gt;2,000 litres/kg) that causes catastrophic land contamination (refer to financial loss) OR offsite release of pollutant (&gt;2,000 litres/kg) to land or waterways.</li> <li>† Financial loss (&gt;£1Million)</li> <li>† Reputation loss (International media attention)</li> </ul>                                                                                 |

### Ports America Reporting Criteria

- † Any fracture (other than fingers, toes and thumbs)
- † Eye injury – chemical/hot metal or penetrating or loss of sight
- † Injury requiring >24hr admittance to hospital or sickbay
- † Any electric shock or burn requiring hospitalisation
- † Any unconsciousness
- † Fuel spill >100Litres
- † Dangerous/hazardous goods spill >50Litres
- † Ozone depleting substance discharge >100kilograms

## When deciding the severity rating for incidents consider:

- The **actual** severity level is a rating on a scale of 1-5 to indicate the actual level of loss.
  - The **potential** severity level is an estimated rating on a scale of 1-5 to indicate the potential loss.  
Think 'what if' and use your judgement to determine what the severity *could* have been.
- Include near misses – those incidents that could have resulted in a severity rating of 4 or 5 but didn't, possibly due to luck rather than management.

# ELLER-ITO STEVEDORING COMPANY L.L.C.

45913

|                  |                     |                |             |                 |
|------------------|---------------------|----------------|-------------|-----------------|
| Vendor ID        | Name                | Payment Number | Check Date  | Document Number |
| 07               | AREA DIRECTOR, OSHA | 45913          | 6/21/2012   | 45913           |
| Invoice Number   | Date                | Amount         | Amount Paid | Discount        |
| SHRC DOCKET11-23 | 6/11/2012           | \$6,300.00     | \$6,300.00  | \$0.00          |
|                  |                     |                |             | Net Amount Paid |
|                  |                     |                |             | \$6,300.00      |

\$6,300.00

\$6,300.00

\$0.00

\$6,300.00

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

ELLER-ITO STEVEDORING COMPANY L.L.C.  
1007 N. AMERICA WAY  
SUITE 501  
MIAMI, FLORIDA 33132  
305-379-3700

PNC Bank, N.A. 001  
205 DANA STREET  
West Palm Beach, FL 33401

06-0419 / 2010

CHECK NO.  
45913

DATE  
6/21/2012

AMOUNT  
\$6,300.00

Six Thousand Three Hundred Dollars And 00 Cents

AREA DIRECTOR, OSHA  
FT. LAUDERDALE AREA OFFICE  
1000 SOUTH PINE ISLAND RD  
FT. LAUDERDALE FL 33324

AUTHORIZED SIGNATURE

⑈045913⑈ ⑆267084149⑆ 1206547516⑈

# ELLER-ITO STEVEDORING COMPANY L.L.C.

|                  |                     |                |             |                 |
|------------------|---------------------|----------------|-------------|-----------------|
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|                  |                     |                |             | \$6,300.00      |

\$6,300.00

\$6,300.00

\$0.00

\$6,300.00

UNITED STATES OF AMERICA  
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

|                                    |   |                  |
|------------------------------------|---|------------------|
| SECRETARY OF LABOR,                | ) | OSERC DOCKET NO. |
|                                    | ) | 11-2369          |
| Complainant,                       | ) | REGION IV        |
|                                    | ) |                  |
| v.                                 | ) | Inspection No.   |
|                                    | ) | 315352310        |
| ELLER-ITO STEVEDORING COMPANY LLC, | ) |                  |
|                                    | ) |                  |
| Respondent.                        | ) |                  |

AMENDED STIPULATION AND JOINT MOTION FOR APPROVAL

The parties stipulate and agree as follows:

1. Citation 1 Item 1, as amended, which alleges a Serious violation of Section 5(a)(1) of the Occupational Safety and Health Act of 1970 ("the Act"), 29 U.S.C. § 651, et seq., and penalty of \$6,300.00, shall be affirmed.
2. Respondent shall pay the total penalty amount of \$6,300.00 within 30 days of executing this Stipulation of Settlement. Payment shall be sent to: Area Director, OSHA Ft. Lauderdale Area Office, 1000 South Pine Island Road Suite 100, Ft. Lauderdale, Florida 33324.
3. Respondent represents that the violation alleged in Citation 1 Item 1, which issued on issued July 26, 2011, and was subsequently amended by Order of the Administrative Law Judge to allege violation of Section 5(a)(1) of the Act, has been abated. Respondent will comply with all applicable abatement verification provisions of 29 C.F.R. § 1903.19, including but not limited to, all certification, documentation, and posting requirements.

VOUCHER# 2090-337

VENDOR # 797

AMOUNT \$ \_\_\_\_\_

G/L ACCT# 01-1310-003 - 4400.00  
01-420-045 - 900.00

4. Respondent hereby withdraws the Notice of Contest as to the Citation and Notification of Penalty. Respondent states that this withdrawal was not induced by a promise of any party hereto except as may appear herein.

5. Affected employees herein are represented by a certified bargaining representative.

6. Each party agrees to bear its own attorney's fees, costs and other expenses incurred by such party in connection with any stage of these proceedings including, but not limited to, attorney's fees which may be available under the Equal Access to Justice Act, as amended.

7. Respondent certifies that on June 12, 2012, notice of the foregoing was given to non-party affected employees by posting a true copy (as executed by Respondent) of this Stipulation, in accordance with Commission's Rules 7(g) and 100(c), 29 C.F.R. §§ 2200.7(g) and 2200.100(c).

8. None of the foregoing agreements and statements is intended as an admission by Respondent of the allegations contained with the Citations and Notifications of Penalty, amended. The agreements herein are not intended to used for purposes other than actions or proceedings arising directly under the Occupational Safety and Health Act of 1970.

ACCORDINGLY, the parties jointly move the Commission for an Order appropriate for final disposition of this matter.

ELLER-ITO STEVEDORING  
COMPANY, LLC

By: 

James W. McCready, III, Esq.  
Seipp & Flick LLP  
Two Alhambra Plaza Suite 800  
Miami, FL 33134-5214  
[jmccready@seippflick.com](mailto:jmccready@seippflick.com)

Date: 6/11/12

M. PATRICIA SMITH  
Solicitor of Labor

STANLEY E. KEEN  
Regional Solicitor

CHRISTOPHER D. HELMS  
Counsel

By: \_\_\_\_\_

Angela F. Donaldson  
Senior Trial Attorney

Attorneys for the Secretary  
of Labor, United States  
Department of Labor.

Date: \_\_\_\_\_

CERTIFICATE OF SERVICE

I certify that the foregoing amended Stipulation and Joint Motion for Approval  
was served this 4<sup>th</sup> day of June, 2012, by electronic mail:

James W. McCready, III, Esq.  
Seipp & Flick, LLP  
Two Alhambra Plaza, Suite 800  
Miami, FL 33134-5214  
[jmccready@seippflick.com](mailto:jmccready@seippflick.com)

\_\_\_\_\_  
CHRISTOPHER D. HELMS  
Counsel

SOL Case No. 11-08110

**U.S. Department of Labor**  
Occupational Safety and Health Administration  
1000 South Pine Island Road  
Suite 100  
Fort Lauderdale, FL 33324  
Phone: (954)424-0242 FAX: (954)424-3073



## Citation and Notification of Penalty

**To:**  
Eller-ITO Stevedoring Company L.L.C.  
and its successors  
1007 North America Way Suite 501  
Miami, FL 33132

**Inspection Number:** 315353235  
**Inspection Date(s):** 05/04/2011 -  
**Issuance Date:** 10/20/2011

**Inspection Site:**  
Seaboard Spirit, Birth 164, Port of Miami  
Miami, FL 33167

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. **The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.**

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal

conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the page 3 Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

**Penalty Payment** - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.



## NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 10/20/2011. The conference will be held at the OSHA office located at 1000 South Pine Island Road, Suite 100, Fort Lauderdale, FL, 33324 on \_\_\_\_\_ at \_\_\_\_\_. Employees and/or representatives of employees have a right to attend an informal conference.

**U.S. DEPARTMENT OF LABOR  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

**GUIDELINES FOR PREPARING A NOTIFICATION OF CORRECTIVE ACTION**

**Notification of Corrective Action** - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of the OSHA office issuing the citation and identified above. The certification must be sent by you within **10 calendar days** of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

**All abatement verification documents must contain the following information:** 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

**Inspection Activity Data** - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation, but not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at [WWW.OSHA.GOV](http://WWW.OSHA.GOV). If you have any dispute with the accuracy of the information displayed, please contact this office.

**NOTE:           NON-CERTIFICATION OF ABATEMENT CAN RESULT IN ADDITIONAL PENALTIES  
                  BEING ASSESSED!**

## ABATEMENT CERTIFICATION

Darlene Fossum, Area Director  
U.S. Department of Labor - OSHA  
1000 South Pine Island Road  
Suite 100  
Fort Lauderdale, FL 33324  
Phone: (954)424-0242

Eller-ITO Stevedoring Company L.L.C.  
1007 North America Way Suite 501  
Miami, FL 33132

The hazard referenced in Inspection Number 315353235 for the violation identified as:

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_.

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_.

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_.

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_.

The hazard referenced in Inspection Number \_\_\_\_\_ for the violation identified as  
Citation \_\_\_\_\_ and Item \_\_\_\_\_ was corrected on \_\_\_\_\_  
by the following method: \_\_\_\_\_.

**NOTE: 29 USC 666.(g):** Whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than six months or both.

**POSTING:** A copy of the completed Corrective Action Worksheet should be posted for employee review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name



**Citation and Notification of Penalty**

Company Name: Eller-ITO Stevedoring Company L.L.C.  
Inspection Site: Seaboard Spirit, Birth 164, Port of Miami, Miami, FL 33167

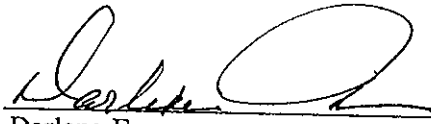
**Citation 1 Item 1** Type of Violation: **Serious**

29 CFR 1918.86(n): Drivers drove vehicles, either forward or backward, where personnel were in positions where they could have been struck:

On or about 05/04/11 at Birth 164, Port of Miami FL 33167, an employee was exposed to being struck-by a truck trailer and container that was moved in the forward direction from their stowed location in a ship.

**PLEASE NOTE: CERTIFICATION AND DOCUMENTATION OF ABATEMENT IS REQUIRED FOR THIS VIOLATION.**

|                                         |            |
|-----------------------------------------|------------|
| Date By Which Violation Must be Abated: | 11/08/2011 |
| Proposed Penalty:                       | \$ 7000.00 |

  
\_\_\_\_\_  
Darlene Fossum  
Area Director

## U.S. Department of Labor

Occupational Safety and Health Administration

1000 South Pine Island Road

Suite 100

Fort Lauderdale, FL 33324

Phone: (954)424-0242 FAX: (954)424-3073



### INVOICE/ DEBT COLLECTION NOTICE

---

**Company Name:** Eller-ITO Stevedoring Company L.L.C.  
**Inspection Site:** Seaboard Spirit, Birth 164, Port of Miami, Miami, FL 33167  
**Issuance Date:** 10/20/2011  
**Summary of Penalties for Inspection Number** 315353235

|                                 |      |                |
|---------------------------------|------|----------------|
| <b>Citation 1, Serious</b>      | = \$ | <b>7000.00</b> |
| <b>TOTAL PROPOSED PENALTIES</b> | = \$ | <b>7000.00</b> |

---

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to:

"DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due and will cash the check or money order as if these restrictions or conditions do not exist.


If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

**Interest.** Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is 4%. Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

**Delinquent Charges.** A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

**Administrative Costs.** Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

  
\_\_\_\_\_  
Darlene Fossum  
Area Director

\_\_\_\_\_  
Date 12/21/11

Corrective action, taken by you for each alleged violation should be submitted to this office on or about the abatement dates indicated on the Citation and Notification of Penalty.

If the hazards itemized on this citation(s) are not abated/corrected and a follow-up inspection is conducted, your establishment may receive a Failure to Abate Citation for the uncorrected hazards with subsequent additional monetary penalties of up to thirty (30) times the original penalty amount of the uncorrected hazards.

A work sheet has been provided to assist in providing the required abatement information. A completed copy of this work sheet should be posted at the worksite with the Citation(s).

Eller ITO Miami May 4, 2011

① Instructions on how to complete and submit this form are noted on Page 3

CRM assigned incident No.

## PART A Initial Notification - Complete and email within 24hrs of incident occurring.

### Description of Incident:

Seaboard Spirit started discharge operations on 5/4/11 at 13:00. An ILA longshoreman was working as a striker (Flag man). At 13:08 he was struck by a 20' empty wheeled container that was being discharged from weather deck ramp. This was the first move of the operation. He had positioned himself between the container and the ship's bulkhead when he was struck. The striped walkway that he was standing on had a clearance of approx. 18 ".

### Details of Injuries/Damage/Impact: (Nature and extent of injuries/damage)

Crushing injuries, possible internal.  
Cause of death to be determined by Medical Examiner Miami

### Immediate action taken?

Container was moved from the point of impact, EMS was called, and they performed CPR on arrival for approx. 20 mins. before declaring him DOS. Miami police cordoned off the scene, work was cancelled. The yard hustler, container and chassis were placed in Seaboard's terminal intact, and isolated pending an investigation.

### General Incident Details

|                                                               |                         |                                      |                             |                                    |                    |
|---------------------------------------------------------------|-------------------------|--------------------------------------|-----------------------------|------------------------------------|--------------------|
| Incident Date:                                                | 05/04/2011              | Time of incident:                    | 13:08                       | Business unit:                     | Eller ITO Miami JV |
| Site (i.e. Dock 1 ABC Terminal):                              | Seaboard Miami Terminal | Operation (i.e. Lashing Containers): | Ro Ro stevedoring discharge |                                    |                    |
| Individual(s) involved in incident (check all that apply):    |                         |                                      |                             | ILA Striker and ILA machine driver |                    |
| Does a site procedure or standard exist to control this risk? |                         |                                      |                             | Yes                                |                    |
| Incident severity rating: (level 1-5) *                       |                         | Actual:                              | 4                           | Potential:                         | 4                  |
| * Refer to Incident Severity Rating table on Page 3           |                         |                                      |                             |                                    |                    |
| Photographs: (Insert photograph below)                        |                         |                                      |                             |                                    |                    |

# CRITICAL INCIDENT REPORT

## PART B Incident Investigation — Complete and email within 14 days of incident date

### Analysis of factors contributing to the incident (from the ICAM Incident Analysis Chart):

| Absent/Malfunctioning<br>Defenses                                                                                 | Individual or<br>Team Actions                                                                                                                                                                                                                                                                                              | Task/Environmental<br>Conditions                                                       | ORGANIZATIONAL                                                                                             |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <p>A breakdown of the established means preventing simultaneous use of the ramps by vehicles and pedestrians.</p> | <p>Decedent failed to perform his duties as a Striker.</p> <p>Walking into unsafe area between a container to be discharged and the ship bulkhead</p> <p>Pulling the container down the ramp with a pedestrian in the "Bite".</p> <p>Failure to follow safety work procedures.</p> <p>Improper use of all clear signal</p> | <p>Congested or restricted area.</p> <p>Rushing to complete the unlashng operation</p> | <p>Need to emphasize hazard recognition and communication</p> <p>Need to emphasize compliance with SWP</p> |

| Recommended Corrective Actions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Person Responsible to ensure corrective action is completed                                                                            | Anticipated Completion Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <p>On all vessels, direct supervision by management of all unlashng and lashing operations</p> <p>Enforce all PPE rules for both management and labor</p> <p>Train and verify compliance all workers on proper lashing and unlashng SWPs</p> <p>Review all vessel discharge plans, highlight any areas of hazard and concern prior vessels arrival. Any areas identified are to be communicated in the pre ship gangway safety talk with all labor and management assigned to the operations</p> <p>Any violation of safety rules will be cause for dismissal for labor in accordance with the CBA., for management in accordance with HR policies</p> | <p>Chris Arocha / Fernando Alvarez</p> <p>Chris Arocha</p> <p>Al Johnson</p> <p>Bob Navarro</p> <p>Chris Arocha / Fernando Alvarez</p> | <p>Immediately</p>          |



# CRITICAL INCIDENT REPORT

**Key Learning's:** Management bears all responsibility for safety on their sites. They must, at a minimum, on a monthly basis review any incidents of consequences or any near misses, and insure that lessons learned are communicated and applied to all workers and visitors to the site. Go over safe working procedures for operations at gangway safety meeting(s). Include ILA on developing safe working procedures to ensure compliance.

## Person completing this form (and to contact for further information)

Name

John Esposito

Date:

5-16-2011-

Phone:

Email

John.esposito@portsamerica.co

Status of investigation *Initial/Final*

Final

## What needs to be completed?

- ① Incident levels 1 to 3: Managed at site; however if a Level 1 to 3 incident meets Ports America Group Reporting Criteria, then Part A must be completed and submitted.
- ① Incident levels 4 to 5: Part A and Part B

| Incident Severity Matrix |               |                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level                    | Descriptor    | Examples of Incidents for each severity level                                                                                                                                                                                                                                                                                                                                                                |
| 1                        | Insignificant | <ul style="list-style-type: none"> <li>✦ No injuries</li> <li>✦ No environmental damage</li> <li>✦ No financial or reputation loss</li> </ul>                                                                                                                                                                                                                                                                |
| 2                        | Minor         | <ul style="list-style-type: none"> <li>✦ First aid treatment, 1-2 days lost time</li> <li>✦ Off or on-site release of pollutant (&lt;13 gals;110lbs) that is immediately contained without causing contamination</li> <li>✦ Financial loss (\$7K - \$40K)</li> <li>✦ Reputation loss (Local media attention)</li> </ul>                                                                                      |
| 3                        | Moderate      | <ul style="list-style-type: none"> <li>✦ Medical treatment, &gt;3 days lost time</li> <li>✦ Off or on-site release of pollutant (13 to 110 gals;110-1,100 lbs) that is mostly contained but causes some moderate contamination or a 'sheen' on state or federal waters (refer to financial loss)</li> <li>✦ Financial loss (\$40K - \$150K)</li> <li>✦ Reputation loss (Regional media attention)</li> </ul> |
| 4                        | Major         | <ul style="list-style-type: none"> <li>✦ Single fatality, extensive injuries such as permanent disability/amputation; or resuscitation is required.</li> <li>✦ Off or on-site release of pollutant that is not contained and causes major contamination (refer to financial loss)</li> <li>✦ Financial loss (\$150K - \$1.5 Million)</li> <li>✦ Reputation loss (National media attention)</li> </ul>        |
| 5                        | Catastrophic  | <ul style="list-style-type: none"> <li>✦ Multiple fatalities</li> <li>✦ Off or on-site release of pollutant that is not contained and causes significant contamination (refer to financial loss)</li> <li>✦ Financial loss (\$1.5 Million +)</li> <li>✦ Reputation loss (National with potential for International media attention)</li> </ul>                                                               |

| Ports America Group Reporting Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>✦ Any fracture (other than fingers, toes and thumbs)</li> <li>✦ Eye injury – chemical/hot metal or penetrating or loss of sight</li> <li>✦ Injury requiring &gt;24hr admittance to hospital or sickbay</li> <li>✦ Any electric shock or burn requiring hospitalisation</li> <li>✦ Any unconsciousness</li> <li>✦ Fuel spill &gt;55 gallons</li> <li>✦ Dangerous/hazardous goods release that meets or exceeds the Reportable Quantities as determined by EPA</li> <li>✦ Property damage &gt; \$25K</li> </ul> |

## When deciding the severity rating for incidents consider:

- The **actual** severity level is a rating on a scale of 1-5 to indicate the actual level of loss.
  - The **potential** severity level is an estimated rating on a scale of 1-5 to indicate the potential loss.
- Think 'what if' and use your judgement to determine what the severity *could* have been.
- Include near misses – those incidents that could have resulted in a severity rating of 4 or 5 but didn't, possibly due to luck rather than management.

## How to submit this report form for potential or actual level 4 or 5 incidents:

### Within 24 hrs of the incident:

- Step 1: Complete Part A on this form along with any initial findings that can be included in Part B
- Step 2: Forward to your Sites Senior Manager, and John Esposito, the Corporate Director of HSE at [john.esposito@portsamerica.com](mailto:john.esposito@portsamerica.com)

### Within 7 days of the incident:

- Step 3: Once investigations are finalized, complete Part B on this form
- Step 4: Your Sites Senior Manager must sign off this report, and then forward to Michael Hassing, Ports America President and CEO at [Michael.hassing@portsamerica.com](mailto:Michael.hassing@portsamerica.com) and John Esposito at [john.esposito@portsamerica.com](mailto:john.esposito@portsamerica.com)



United States of America  
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION  
1120 20th Street, N.W., Ninth Floor  
Washington, DC 20036-3419

Phone: (202) 606-5405

Fax: (202) 606-5409

Notice of Decision

In Reference To:

Secretary of Labor v. Eller-ITO Stevedoring Company, LLC  
OSHRC Docket No. 11-3010

1. Enclosed is a copy of my decision. It will be submitted to the Commission's Executive Secretary on January 29, 2013. The decision will become the final order of the Commission at the expiration of thirty (30) days from the date of docketing by the Executive Secretary, unless with that time a Member of the Commission directs that it be reviewed. All parties will be notified by the Executive Secretary of the date of docketing.

2. Any party that is adversely affected or aggrieved by the decision may file a petition for discretionary review by the Review Commission. *A petition may be filed with this Judge within ten (10) days from the date of this notice. There after, any petition must be filed with the Review Commission's Executive Secretary within twenty (20) days from the date of the Executive Secretary's notice of docketing.* See paragraph No. 1. The Executive Secretary's address is as follows:

1/24/13  
✗

Executive Secretary  
Occupational Safety and Health  
Review Commission  
One Lafayette Center  
1120 20th Street, N.W. - 9th Floor  
Washington, D.C. 20036-2347

3. The full text of the rule governing the filing of a petition for discretionary review is 29 C.F.R. 2200.91 (51 Fed. Reg. 32026, Sept. 8, 1986). It is appended hereto for easy reference, as are related rules prescribing post-hearing procedures.

A handwritten signature in black ink, reading "Covette Rooney", is written over the typed name.

COVETTE ROONEY  
Chief Judge

DATED: January 14, 2013  
Washington, D.C.

Complete OSHA decision/order on file in Port  
Business Administration.

SAFETY REPORT

Accidents

Following is an Eller-I.T.O. Stevedoring Company, L.L.C. ("Eller-ITO") status report in connection with the two pending OSHA matters:

1. [REDACTED]

On March 30, 2011, [REDACTED] and another longshoreman were unlashng chassis/containers on the access ramp of M/V Seaboard Victory. As Mr. [REDACTED] released a front lashing chain from a refrigerated chassis/container, the unit rolled several feet forward, causing the support stand to fall and collapsing the landing gear. The container fell on Mr. [REDACTED], who was crouched underneath the equipment. He suffered fatal injuries.

Sometime prior to the accident, a Seaboard Marine employee apparently had disconnected or otherwise rendered the brakes on the chassis/container inoperable. Furthermore, Mr. [REDACTED] and his partner's efforts to cut the back chains to the chassis/container before hooking up a yard mule violated Eller-ITO procedures. When the accident occurred, Mr. [REDACTED] was engaged in offloading cargo from a commercial vessel on navigable waters; his work for Eller-ITO was within the ambit of the Longshore and Harbor Workers' Compensation Act ("LHWCA").

OSHA investigated the death and issued a "Serious" citation with a proposed \$6,300 penalty. Contending that Eller-ITO violated 29 C.F.R. 1918.86(l), OSHA has alleged: "Cargo loaded or discharged during roll-on/roll-off operations was not secured to prevent sliding loads." After Eller-ITO timely filed a Notice of Contest, the Secretary of Labor filed a Complaint. Eller-ITO then filed an Answer. The OSHA case against Eller-ITO is in process of settlement.

2. [REDACTED]

On May 4, 2011, [REDACTED] was fatally injured onboard the M/V Seaboard Spirit, Seaboard Marine's smallest ro-ro ship. Working as a striker/lasher, Mr. [REDACTED] was responsible for removing the wheel chocks from a chassis/container after the unit was hooked to a mule. Moreover, he was responsible for ensuring that all lashing chains were removed and all men and gear were clear of the mule and chassis/container before their movement off the vessel. On this occasion [REDACTED], the header, had elevated Mr. [REDACTED] to striker/lasher in accordance with ILA seniority rules: Mr. [REDACTED] had an A seniority card and sixteen years' experience.

Before operations began, the header gave a comprehensive safety talk, emphasizing the proper procedure for lashing and unlashng containers. To initiate the operation, [REDACTED], an ILA worker in the same gang, backed a yard mule to a loaded twenty-foot chassis/container near the bottom of the vessel ramp. Mr. [REDACTED]

who was standing near the back of the chassis/container in a narrow walkway, informed the driver that he was clear to move the chassis/container off the ship. However, he did not move out of the way. As Mr. ██████ drove forward down the vessel ramp, the rear of the container swung toward the bulkhead, crushing Mr. ██████.

Eller-ITO's investigation disclosed: (1) the lashers had not finished unlashings all chassis/containers onboard the vessel at the time Mr. ██████ began hooking his yard mule to the unit on the ramp; and (2) Mr. ██████ failed to check the lashing chains, failed to remove one of the rear lashing chains, which caused the rear of the chassis/container to swing toward the bulkhead, and failed to leave the area between the chassis/container and bulkhead. His omissions violated Eller-ITO's express policies and procedures. When the accident occurred, Mr. ██████ was engaged in offloading cargo from a commercial vessel on navigable waters; his work for Eller-ITO was within the ambit of LHWCA.

OSHA issued a "Serious" citation with a proposed \$7,000 penalty. Asserting that Eller-ITO violated of 29 CFR 1918.86(n), OSHA has alleged: "Drivers drove vehicles, either forward or backward, where personnel were in positions where they could have been struck." After Eller-ITO timely filed a Notice of Contest, the Secretary of Labor filed a Complaint. Eller-ITO filed an Answer, and the case is set for trial. Presently the parties are involved in discovery and are discussing settlement.

#### **Eller-ITO Responsive Actions**

To decrease the risk of future accidents, Eller-ITO has charted a pro-active course: Its new initiatives focus on maximizing Awareness and eliminating Complacency. While human error was a major factor in each heartbreaking incident, Eller-ITO has addressed these matters by establishing committees, enhanced training, and outreaches to other organizations to emphasize the need for comprehensive safety improvements. Consistent with the concept of "Zero Harm", Eller-ITO is committed to providing safe environments in its facilities and outside work areas. Specifically, Eller-ITO has implemented the following measures:

- 1. Eller-ITO has increased the frequency and extent of Safety Audit Inspections of vessels worked by its employees.**
  - a. Eller-ITO is verbally reporting (and confirming in writing) unsafe or hazardous conditions to vessel owners and managers upon discovery.
  - b. Eller-ITO is meeting with vessel owners and managers and advising them in writing that its personnel will not work ships that are non-compliant with appropriate safety standards.
  - c. Eller-ITO is communicating to its employees the fundamentals of the Fatal Five Standards, enforcing strict compliance and advising as to disciplinary proceedings and penalties for non-compliance.

- d. Eller-ITO has created a Safety Violation Ticket Book to issue tickets to known violators of safety protocol and procedures and is advising as to disciplinary proceedings and penalties for violations. Any safety violation is cause for dismissal in accordance with the Collective Bargaining Agreement.
  - e. Eller-ITO managers are ensuring that headers' gangway safety talks before commencing work regularly communicate unsafe acts and conditions and emphasize proper work procedures.
  - f. Eller-ITO checks all ILA personnel for personal protective equipment ("PPE") compliance and equipment certifications. No ILA member may work at Eller-ITO prior to completing the lasher training class, which provides necessary skills, knowledge and training needed to perform long shoring work at the docks.
  - g. Eller-ITO has established committees to address specific safety issues in the workplace, including walkabouts, rules and procedures, investigations, and best practices. Goals are to find and correct workplace hazards before an incident occurs.
  - h. During ongoing mandatory meetings with vessel superintendents, Eller-ITO management has continued to stress the following matters:
    - i. Superintendents must change personal habits and raise workers' awareness to reduce workplace injuries and accidents.
    - ii. Superintendents are in charge of -- and accountable for -- their stevedoring operations.
    - iii. Superintendents periodically must review the "Superintendents Contract for Safety" documents.
  - i. Eller-ITO has revised its Employee Handbook.
2. **Eller-ITO is continuing to reach out to external organizations to emphasize the need for safety improvements at the Port of Miami-Dade.**
- a. Eller-ITO has met with the Assistant Port Director of the Port of Miami-Dade County to emphasize the importance of enforcing compliance with PPE by over-the-road drivers and the observance of posted speed limits.
  - b. The Port of Miami-Dade agreed to post Electronic Safety Messages to the Public, commencing May 18, 2011.

- c. The Port of Miami-Dade Safety Officer has committed to assisting Eller-ITO in providing a safe environment for employees, contractors, and visitors.
- d. Eller-ITO has been able to effect a policy change at the Miami Dade Fire Rescue Department in regard to dispatch, care, treatment, and transport of injured workers at Port of Miami-Dade.
- e. Eller-ITO has met with representatives of the Southeast Florida Employers Port Association to point out the need for training videos regarding proper lashing techniques and the need for training and certification of all ILA members in this discipline as conditions for hire as lasher.
- f. Eller-ITO introduced the prospect of bringing back the Safety Citation Program and Union Safety Compliance Officer on January 25, 2012.

**3. Eller-ITO held a Town Hall Forum Meeting at the ILA Union Hall.**

- a. The purpose of the initial meeting on May 31, 2011 was to emphasize Eller-ITO's Zero Harm Policy message directly to labor, avoiding dependence on ILA leadership to disseminate this message.
- b. Approximately 150 ILA members attended the meeting.
- c. Eller-ITO prepared and presented a Power Point presentation, reviewing the step-by-step procedures for ramp discharge operations.
- d. Eller-ITO showed the lasher training video that it had prepared and presented to ILA leadership on April 9, 2009.
- e. Eller-ITO reviewed its revised Training Manual with the ILA members.
- f. Eller-ITO emphasized to all ILA members that any observed or discovered unsafe acts will result in the early termination of a longshore worker's workday.
- g. Eller-ITO and the ILA Local made a firm commitment to hold regular meetings to assist in cultivating a "Safety First" mindset.

**4. Eller-ITO has updated and augmented training.**

- a. Eller-ITO has revised its Lasher Operations Training Manual, adding extensive language and step-by-step procedures regarding ro-ro operations with an emphasis on ramp discharge operations.

- b. John Esposito, Ports America HSE Safety Director, held training classes for all Eller-ITO employees on June 7, 2011.
- c. Eller-ITO personnel participated in DuPont training classes in regard to "Sustainable Solutions" on June 22-29, 2011.
- d. Eller-ITO conducted CPR and first aid training on July 26, 2011.
- e. Eller-ITO produced a new ro-ro training video, addressing proper procedures for ramp discharge operations, which was distributed to the ILA on July 18, 2011 and shown in conjunction with a training class on November 30, 2011.
- f. Juan Casanova of Certified Slings Inc. gave a training class in regard to rigging and sling usage for ILA members and Eller-ITO superintendents on Feb. 1, 2012.
- g. Ron Rust presented a follow-up of the DuPont training classes at Eller-ITO on May 9 and 10, 2012.
- h. Eller-ITO personnel conducted lasher and ro-ro training for 452 ILA members on May 15, 2012 and for 302 ILA members on May 22, 2012.
- i. Eller-ITO produced a new video in regard to proper donning of harness belts and working aloft in May 2012.

**5. Eller-ITO has implemented additional corrective actions.**

- a. Eller-ITO's Operations Manager reviews all vessel discharge plans, highlighting areas of hazard and concern prior to vessel arrival.
- b. Inspections prior to commencing work are mandatory for headers and superintendents.
- c. Eller-ITO assigns an additional supervisor and/or superintendent to perform specified duties, such as traffic control, in particular situations.
- d. Eller-ITO actively reviews and modifies the work schedules of its superintendents in an effort to provide the most appropriate superintendent for particular operations.
- e. Eller-ITO has met with ILA Local representatives to address concerns regarding the Collective Bargaining Agreement and the position of the striker.



- f. Eller-ITO has encouraged the ILA to provide its own Safety Advisor, who would roam the work areas to ensure compliance with requirements for a safe working environment.
- g. Eller-ITO, in conjunction with the ILA, identifies options available to resolve safety issues.
- h. Eller-ITO documents actions taken to increase safety, training, and awareness.
- i. In particular situations, Eller-ITO may employ a second superintendent to oversee the commencement and wrap-up of vessel operations during work days involving overtime or hazard pay.

**Q4****Section Q**

4. Provide a statement (and /or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental in the Port.

Eller-ITO is committed to providing a safe and healthy workplace for employees, contractors, and visitors and to minimizing any adverse environment impact during the performance of its business. In conjunction with our parent company, Ports America Inc., Eller-ITO's commitment to the preservation of the environment is demonstrated by its adherence to rules of DERM, EPA, US DOT, HAZ MAT and other regulatory organizations.

Eller-ITO has continued its commitment to numerous environmental initiatives it started several years ago. Included are our participation in Recycling Programs, our requirement that all outside contractors (see Contractor's Questionnaire) are complaint with industry standards before we do business with them, and our continued environmental tracking forms.



PORTS AMERICA

## HEALTH, SAFETY AND ENVIRONMENTAL (HSE) POLICY STATEMENT

Ports America is committed to providing a safe and healthy workplace for employees, contractors and visitors and to minimizing any adverse environmental impact during the performance of its business.

All employees are responsible for helping manage health, safety and environmental matters and acceptance of their individual responsibilities are conditions of employment and are critical to the success of this policy. The 'Business Principles' below shall be incorporated into every employee's daily regime:

### *Leadership*

Management personnel shall be required to provide visible leadership to ensure all employees understand our core values that:

- All injuries and accidents are preventable
- No environmental damage is acceptable
- Nothing is more valuable than the health and safety of our employees

### *Safety Standards*

Establish safety standards shall be incorporated into every job and shall be regularly communicated to all employees. Accidents shall be fully investigated with results to include methods to eliminate similar future incidents and learning's for all.

### *Behavior and Supervision*

All employees are responsible for the success or failure of our company as it relates to safety performance. Each employee, contractor and visitor is expected to participate in our program to identify and correct unsafe behaviors and/or conditions.

### *Support and Services*

Ports America shall:

- Perform regular internal audits to assess the effectiveness of existing management systems and business practices.
- Develop and deliver appropriate Health, Safety and Environmental training for staff at all levels.
- Ensure health, safety and environmental implications are considered in all business decisions.

Michael F. Hassing, President and CEO

October 28, 2013

Date

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2012-2015**

**Registrant:** ELLER ITO STEVEDORING COMPANY  
Attn: ALFONSO JOHNSON  
1007 NORTH AMERICA WAY  
MIAMI, FL 33132

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 012513 550 018UW Issued: 01/28/2013 Expires: 06/30/2015**

**HM Company ID: 039321**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

## Part B – Environment Questionnaire Ports America

**From:** Eller-ITO Stevedoring Co., LLC  
**Location:** Miami FL  
**Email to:** John.Esposito@portsamerica.com  
**Date:** January

|                                                                                                                                                                                                            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1. Confirm that a current environmental policy, applicable to all your activities is in place.                                                                                                             | Yes |
| 2. Has the site been prosecuted, or is it in the process of probable prosecution or legal action, for any environmental incident?<br><br>If yes, provide brief details e.g. nature of offence, penalty etc | No  |
| 3. Confirm that previously agreed environmental targets are being progressively implemented.                                                                                                               | Yes |
| 4. Have you received any environmental complaints during the last 12 months?<br>E.g. noise, pollution, vehicle routing etc.                                                                                | No  |
| 5. Has the site received any environmental awards from external bodies during the last 12 months?                                                                                                          | no  |



Stevedoring Company, L.L.C.

899 South America Way, Miami, Florida 33132  
Telephone: (305) 379-3700 / Facsimile: (305) 371-9969

Date: February 1, 2009

To: All Employees

Re: Recycling Program

As a leader in the Maritime Industry, Eller-ITO Stevedoring Co. LLC is continually fostering ways to create a safer living and work environment. As a part of the 2009 Environmental Initiative, we are proud to resuscitate our Recycling Program effective immediately. Managing waste streams through recycling makes good business sense and is good for South Florida's environment. To that end, we are excited to join the recycling efforts already employed by many other companies doing business on the Port of Miami.

Recycling became mandatory countywide in accordance with Chapter 15, Section 2 of the Miami Dade Code. Recycling programs must recycle three items from the list of ten: high grade paper, mixed paper, corrugated cardboard, glass, aluminum, steel, scrap production metals, plastics, textiles, and wood. Recycling is more than simply sorting items into a collection bin. Recycling is a "cycle" or process dependent on three steps: collecting, remanufacturing, and purchasing products made with recycled materials. Each of the above mentioned steps is essential for the recycling industry to succeed. Commercial establishments alone generate an estimated 1.7 million tons of solid waste annually.

In compliance with the Dade County Ordinance, the Eller-ITO Stevedoring Co. Recycling Program will be implemented in two phrases:

- Phrase 1 -begins immediately with the recycling of high grade paper products.
- Phrase 2 -will be implemented at a later date with the recycling of plastics and aluminum cans.

Each office will be provided a small blue desk side recycling container for the segregation and collection of paper recyclables. Our maintenance engineers will deposit the recyclable products (blue containers) into a 96 gallon 'toter' container placed on the outside of the facilities for pick up by Southeast Recycle Company. You are reminded to segregate paper recyclables from non-recyclables.

Each employee is encouraged to participate in the company's best management practices. Your involvement will not only ensure a successful recycling program, but are investments in your children's future. Please contact our Risk Manager, Al Johnson if you have any questions.

Christopher C Arocha  
Senior Vice President  
Eller-ITO Stevedoring Co. LLC

A handwritten signature in black ink, appearing to be "C. Arocha", written over the typed name and title.



Stevedoring Company, L.L.C.

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899 South America Way, Miami, Florida 33132  
Telephone: (305) 379-3700 / Facsimile: (305) 371-9969

March 31, 2009

Scott Davis, Chief, Air Quality  
Modeling & Transportation Section  
U.S. Environmental Protection  
Agency - Region 4  
Atlanta, Georgia

Re: Miami-Dade County's EPA Clean Diesel Project - Seaport Crane Electrification Initiatives

Dear Mr. Davis:

As proud tenants and stakeholders of the Seaport, we at Eller-ITO Stevedoring Co., are pleased to express support for Miami Dade County Seaport Department's application to the Environmental Protection Agency, Region 4 for the Southeast Diesel Program. As a leader in the Maritime Industry, we are continually fostering ways to create a safer living / work environment. Cooperation and vigilance to protecting the environment through best management practices is the safest return on investment a company can make. It is for this reason we believe the Seaport Crane Electrification Project is good for the environment, and will certainly benefit Miami-Dade County's 2.4 million residents.

The Seaport Crane Electrification Project is a win-win for the environment. We recognize Miami Dade County's commitment to programs that support diesel emission reduction, including new technologies, use of cleaner fuels, vehicle upgrades and replacements, and community education and outreach. To that end, the Crane Electrification Project meets the requirements delineated in the Diesel Emissions Reduction National Program and ESP's National Clean Diesel Campaign.

Now more than ever, our elected officials have asked Americas to take more responsibility for their own wellness. Then it is certainly incumbent upon us to do our part and help reduce their exposure to lethal pollutants. EPA funding of this project will also reduce congestion at the port and improve the quality of air. The Miami-Dade County Seaport is an integral player in both domestic and international commerce. Without reservation, we recommend funding of this crucial and important project. Thank you for your consideration in this matter. Please don't hesitate to contact me should you require additional information.

Sincerely,

Al Johnson  
Risk Manager  
Eller-ITO Stevedoring Co., LLC



## CONTRACTOR HEALTH, SAFETY AND ENVIRONMENT QUESTIONNAIRE

### 1. COMPANY INFORMATION

Company Name: \_\_\_\_\_

(Subsidiary/Division of) \_\_\_\_\_

Headquarters Address (Street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Local Office (Street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Organization Name(s): \_\_\_\_\_

Which of the following describes your firm function? (Check all that apply)

- |                                                                                |                                           |                                        |
|--------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Fabrication                                           | <input type="checkbox"/> Insulation       | <input type="checkbox"/> Painting      |
| <input type="checkbox"/> Arch/Engr.                                            | <input type="checkbox"/> Pipe             | <input type="checkbox"/> Paving        |
| <input type="checkbox"/> Boiler Work                                           | <input type="checkbox"/> Carpentry        | <input type="checkbox"/> Vessel*       |
| <input type="checkbox"/> Lining                                                | <input type="checkbox"/> Machinist        | <input type="checkbox"/> Pipe Driving  |
| <input type="checkbox"/> Concrete                                              | <input type="checkbox"/> Structural       | <input type="checkbox"/> Plumbing      |
| <input type="checkbox"/> Fire Protection                                       | <input type="checkbox"/> Masonry          | <input type="checkbox"/> H.V.A.C.      |
| <input type="checkbox"/> Mechanical                                            | <input type="checkbox"/> Pole Line        | <input type="checkbox"/> Equip. Maint. |
| <input type="checkbox"/> Electrical                                            | <input type="checkbox"/> Instrument       | <input type="checkbox"/> Roofing       |
| <input type="checkbox"/> Sheet Metal                                           | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Sprinklers    |
| <input type="checkbox"/> Tanks (Indicate Above Ground or Under Ground Storage) |                                           |                                        |
| <input type="checkbox"/> Environmental                                         |                                           |                                        |
| <input type="checkbox"/> Other _____                                           |                                           |                                        |



Average Work Force (in actual count):

Office: \_\_\_\_\_ Field Supervisor: \_\_\_\_\_ Field Force: \_\_\_\_\_

Superintendent: \_\_\_\_\_ General Supervisor: \_\_\_\_\_

Shop Force: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## 2. WORK HISTORY

Has your Company performed work for any Ports America facility in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give location and project details: \_\_\_\_\_

\_\_\_\_\_

Has your Company ever caused a fire that required an outside agency to respond? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your Company ever caused a spill or environmental release that was reportable to a regulatory agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List all regulatory inspections (OSHA, DOL, DOH, DEC, EPA, etc.) and results that occurred in the last five years:

Date:

Agency:

Findings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. SAFETY**

Safety Contact of your Company: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_

Field Safety Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_ Pager No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Do you have a Drug and Alcohol Use Policy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, attach a copy.

Do you have a written Safety Policy Program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, attach a copy.

What is your injury/illness for the past 3 years?  
\_\_\_\_\_ 3 years ago \_\_\_\_\_ 2 years ago \_\_\_\_\_ Last year

\*Workers' Compensation: \_\_\_\_\_  
(Obtain from Insurance Carrier)

Please fill in the totals from the OSHA 300 log(s) for the last 3 years:

1. Number of injury related fatalities \_\_\_\_\_
2. Number of lost time injuries \_\_\_\_\_
3. Number of days lost due to injury \_\_\_\_\_
4. Number of restricted duty injuries \_\_\_\_\_
5. Number of restricted duty days \_\_\_\_\_

Please attach a copy of your companies OSHA 300 A log for last year.

Do you conduct Safety Inspections/Audits? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Frequency

Will conforming to Ports America practices, such as fall protection, lockout/tagout, confined space, etc., conflict with your Company practices?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

#### 4. TRAINING

Do you have an Orientation program for new employees? ☐ Yes ☐ No

If yes, what does it cover?

(Check all that apply)

|                                                     |                                                 |                                             |
|-----------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Head Protection            | <input type="checkbox"/> Housekeeping           | <input type="checkbox"/> Rigging/Crane      |
| <input type="checkbox"/> Safety                     | <input type="checkbox"/> Eye Protection         | <input type="checkbox"/> Fire Protection    |
| <input type="checkbox"/> Electrical Safety          | <input type="checkbox"/> Hearing Protection     | <input type="checkbox"/> First Aid          |
| <input type="checkbox"/> Tool Inspection            | <input type="checkbox"/> Toxic Substances       | <input type="checkbox"/> MSDS               |
| <input type="checkbox"/> Elevated Work              | <input type="checkbox"/> Scaffolding/Ladders    | <input type="checkbox"/> Perimeter Guarding |
| <input type="checkbox"/> Safety Intervention        | <input type="checkbox"/> Respiratory Protection |                                             |
| <input type="checkbox"/> Trenching/Excavation       | <input type="checkbox"/> Hazard Communications  |                                             |
| <input type="checkbox"/> Sign, Barricades, Flagging | <input type="checkbox"/> Emergency Evacuation   |                                             |
| <input type="checkbox"/> Other (Describe)           |                                                 |                                             |

Do you require a Certified First Aid person to be onsite for each job?

☐ Yes ☐ No

Do you identify an office or field safety contact for each job or crew?

☐ Yes ☐ No

Do you participate in any other specialized training programs?

☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Include copies of certifications of specialized training, provided to individuals who will be performing work for Ports America.



Section R

6. Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of PEV ....

Eller-ITO is recognized as a premier leader in the Maritime Industry, and is recognized for its exemplary service. Our Strength, however is derived from personal dedication to providing the best service, and confirmed in the end by the expressed approval of those customers we serve.

Our service creates a unique environment where camaraderie and a family atmosphere flourish even while sometimes presenting stressors and challenges to our own reserves. We believe and continually challenge our employees to deliver excellence every day and strive for ways to better assist the cruise passenger's experience.

As we enter into our second year of operations at Port Everglades, we have humbly expanded and became the sole service provider for Royal Caribbean Cruise Lines. Eller-ITO was chosen by RCCL because of experience, professionalism and its harmonious working relationships with both internal and external customers. Eller-ITO has demonstrated its respect for Port Authority as well as BSO jurisdiction.

Continuous monitoring of market trends enables Eller-ITO to better understand the needs and forecast the demands of our services. This is how we recently obtained new business at Port Miami and are the Stevedoring Company providing intermodal transportation services for the FEC Railway Company. And as time goes on and Eller-ITO acquires cargo vessels operations at Port Everglades, we will continue to exemplify service that the customer will deem excellent. Strong customer and market focus is how Eller-ITO will attract, develop and maintain new businesses in at Port Everglades.

Sincerely,