



DOCK COVERAGE APPLICATION

Applicant Name:	Years in Business
Address (including City, State, Zip):	
Physical Address of Docks:	
Contact Person for Dock Inspection:	
Proposed Effective/Expiration Date:	

List Docks:

Dock #	Value	Age	Floating/Fixed	Construction	# of Slips
1	\$				
2	\$				
3	\$				
4	\$				
5	\$				

**Use separate page for additional docks.*

Who constructed docks? _____

Number of: Covered slips _____ Open slips _____

List exposures within on ¼ mile in all directions: _____

How was the insured value of these docks determined? _____

How high do the pilings project above the docks at normal high tide? _____

If no pilings, describe moorage system (cables, anchors and mooring winches). _____

List cost to replace docks, as currently constructed: _____

ISO Fire Protection Class applicable to this location: _____

Distance to nearest fire department: _____

Describe fuel system on docks if applicable: _____

Describe electrical system on docks if applicable: _____

Describe any natural barriers, breakwaters or construction features to prevent wave action damage to docks (Attach any photos or drawings): _____

Please attach a photo or scale drawing of entire dock system.

Please attach rental agreement for slips. Coverage will be based on slip owners maintaining liability insurance coverage on their vessels.

Please describe in full all losses to these docks in the last five years. Please indicate if there are no losses.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Signature Printed Name Title Date

Agent Signature Printed Name Title Date