



**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