



PIERS/DOCKS/WHARVES COVERAGE APPLICATION

Applicant Name:	Years as Dock Owner
Mailing Address (including City, State, Zip):	
Contact Person for Dock Inspection:	Proposed Effective/Expiration Date:
Physical Address of Docks:	
1.	
2.	
3.	
4.	

Dock/Piers/Wharves Schedule:

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

**Use separate page for additional docks.*

Who constructed and/or manufactured docks? _____

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: _____

(February 2017)

Distance to nearest fire department: _____ Miles

Describe maintenance program: _____

When were the pilings and/or floats last inspected, replaced, repaired, etc? _____

Describe what was done to the pilings and/or floats and who performed the work? _____

Describe any structural alterations/construction/demolition during the policy year. _____

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): _____

Describe any engineering designs to help control wind damage : _____
_____. Designed wind rating: _____ mph

Are Docks snow braced or otherwise designed to withstand the weight of ice/snow? (Describe): _____

When have the structural metal components last been replaced? _____

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.

LOSS EXPERIENCE:

List all Piers/Wharves/Dock claims (insured or not) during past 5 years on all operations.

(ATTACH FULL LOSS EXPERIENCE DETAILS)

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature		Date	Agent or Broker	Date

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.

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