

## **DOCK COVERAGE APPLICATION**

Applicant N	lame:				Years in Business		
Address (ir	ncluding City, State, Zip	o):					
Dhysical As	ddraea of Dooker						
Physical Ad	ddress of Docks:						
Contact Pe	erson for Dock Inspection	on.					
Contact i	nson for Book inspectio	)II.					
Proposed E	Effective/Expiration Dat	e:					
List Dock	as:						
Dock #	Value	Age	Floating/Fixed	Construction	# of Slips		
1	\$						
2	\$						
3	\$						
4	\$						
5	\$						
*Use sepai	rate page for additiona	ıl docks.					
Who cons	structed docks?						
Number o	of: Covered slips		Open slips				
List expos	List exposures within on ¼ mile in all directions:						
How was	the insured value of	these docl	ks determined?				
How high	do the pilings proje	ct above th	he docks at normal high tide?				
If no pilin	igs, describe moorag	ge system (	cables, anchors and mooring winches).				
List cost to replace docks, as currently constructed:							
ISO Fire Protection Class applicable to this location:							
Distance 1	to nearest fire depart	ment:					

Describe fuel system on docks i	f applicable:		
Describe electrical system on do	ocks if applicable:		
	eakwaters or construction features to		
Please attach a photo or scale dr	awing of entire dock system.		
Please attach rental agreement fovessels.	or slips. Coverage will be based on sl	ip owners maintaining liab	ility insurance coverage on their
Please describe in full all losses	to these docks in the last five years. I	Please indicate if there are	no losses.
	GLY PRESENTS A FALSE OR FRAU SE INFORMATION IN AN APPLICAT D CRIMINAL PENALTIES.		
Signature	Printed Name	Title	
Agent Signature	Printed Name	Title	Date