

DOCK, PIERS, WHARVES APPLICATION

Name of Insured: _____

Indicate Valuation: **ACV** (Actual Cash Value) 80% (if over 5 years old) **RC** (Replacement Cost) 90% (Check One)
 (Submit a survey, appraisal or construction invoice for RC valuation.)

Attach a diagram of the docks/piers/wharves and include a photo of the site.

Describe the property to be insured: _____

Total Value of the docks: \$ _____
 Explain how value was arrived at. _____

Deductible Requested: \$ _____ All Perils (\$5,000 Minimum) \$ _____ Windstorm & Storm Surge

1. If docks are set with pilings, how many feet above the high tide mark are they? _____
2. If the marina is in a non-tidal location, how many feet above the 100 year flood level are the pilings? _____
3. Describe type of flotation devices and maintenance program: _____ _____
4. Indicate type of mooring devices. _____
5. Is there electricity on the docks? Yes No Are GFI breakers used? Yes No
6. Number of open slips _____ Number of covered slips (roof) _____ If covered, describe roof bracing. _____
7. Were the docks built to a specific wind resistant rating? Yes No . If yes, what speed? _____
8. Describe the maintenance program. _____ _____
9. Describe firefighting capabilities. _____ _____
10. Is there a breakwater or wave attenuation system? Yes No . If yes, please provide construction and year built. _____ (Do not include value in limit as policy excludes breakwaters, bulkheads, retaining walls, sea walls, ripraps, jetties and similar properties build to control water movement or erosion.)
11. Is mooring / dock area exposed to flow of ice or debris? Yes No
12. Is any property removed from water during the winter? _____
13. Business income amount for docks (please fill in amount ONLY if this coverage is desired): \$ _____ (annual dock income)

Has any company refused or cancelled any similar coverage applied for or in force during the past five (5) years? If yes, list details _____ _____
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Please complete both schedules for each dock on page 2.

