

## Dock/Piers & Wharfs Application

Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Marina address: \_\_\_\_\_

Number of years in business (by present owner): \_\_\_\_\_

Additional related experience of owner and/or operator(s) of marina: \_\_\_\_\_

Usual operating season:                      Open all year:                       Closed in winter   
 Are docks removed from the water during winter season?                      Yes                       No   
 If yes, describe winter storage arrangements: \_\_\_\_\_

Age of docks: \_\_\_\_\_ Construction: \_\_\_\_\_

Mooring arrangement: \_\_\_\_\_

When last surveyed/inspected: \_\_\_\_\_

Describe maintenance schedule for the docks: \_\_\_\_\_

Number of slips: \_\_\_\_\_

Annual gross receipts: \$ \_\_\_\_\_

Advise percentage (%) of gross receipts derived from the following activities:

Moorage: \_\_\_\_\_ Repairs/Maintenance: \_\_\_\_\_ Sales: \_\_\_\_\_ Haul/launching: \_\_\_\_\_

Fueling: \_\_\_\_\_ Storage ashore/afloat: \_\_\_\_\_ Boat rentals: \_\_\_\_\_ Other (describe): \_\_\_\_\_

If fueling advise age of tanks: \_\_\_\_\_

Location of tanks:                      Ashore                       On the docks

Date tanks and equipment last inspected: \_\_\_\_\_

**Fire Protection**

Fire Hall: Volunteer

Smoke detector

Nearest Hall: \_\_\_\_\_ kms

Paid

Fire alarms                       Other

Hydrant \_\_\_\_\_ kms

**Security:**

Completed fenced

Gated/locked access

*(select whichever apply)*

24 Hour Watchman

Members only

Night Watchman

Other *(describe)*

Floodlights



Describe other businesses also located at or adjacent to this marina whose customers would have access to the docks  
Example: pubs or cafes etc ...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of above businesses owned by applicant but operated by third parties? Yes  No

Are there any signs posted stating USE AT OWN RISK or similar? Yes  No   
If yes, please describe wording and locations of signs: \_\_\_\_\_

Claims and full details the past 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Insurer: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Have you ever been cancelled by an insurer? Yes  No   
If yes, please advise why: \_\_\_\_\_

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Valuation: Replacement Cost \$ \_\_\_\_\_ or Actual Cash Value \$ \_\_\_\_\_

Optional Coverage's: a. Earth Movement Yes  No   
b. Flood and Water Damage Yes  No   
c. Freezing, Thawing or Ice Yes  No

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Date: \_\_\_\_\_

Broker Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.