

PIERS, WHARVES, AND DOCKS COVERAGE APPLICATION

Please attach: Loss Runs Replacement Cost Estimation (RCE) Photos Copy of Warranty/Wind Rating Dock Diagram

APPLICANT INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Website: _____
 Applicant's Tax ID/SSN: _____

PRODUCER INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Quote Needed by: _____
 Desired Effective Date: From: _____ To: _____

Applicant is Individual Partnership Corporation LLC Other (Describe): _____

GENERAL INFORMATION

1. Number of years in business under Present Ownership: _____
2. Present Insurance Carrier: _____ How long with current carrier: _____
3. Has the applicant had any insurance policy declined, cancelled, or non-renewed during prior 3 years? Yes No
 If yes, please provide details: _____
4. Has the applicant had any CAT losses in past 20 years or any loss in past 5 years? Yes No
 If yes, please provide details (name of storm, year, total loss, and % loss of TIV):

UNDERWRITING INFORMATION

<input type="checkbox"/> Actual Cash Value		<input type="checkbox"/> Replacement Cost (RCE required)		<input type="checkbox"/> Agreed Value (RCE required)		<input type="checkbox"/> Blanket (RCE required)	
Total Dock Limit: \$ _____		Total Dock BI Limit: \$ _____		Additional Debris Removal: \$ _____			
AOP \$ _____		Wind \$ _____ _____ %		Collapse \$ _____ _____ %		Quake \$ _____ _____ %	

FIRE AND SAFETY:

1. Is your facility in compliance with NFPA Standard 303? Yes No
2. Are fire extinguishers clearly marked, located at the head of every dock and every 150 ft? Yes No
3. Are guests allowed to BBQ/grill/cook on docks or on boats? Yes No
4. Other fire protection measures Wet Standpipe Dry Standpipe Fire boat None
5. Are any of the following located at each dock or each fire station? Type V Throwable Ladders Grab Poles
6. Are docks equipped with night lighting? Yes No
7. If foam flotation used, is it all encapsulated? Yes No N/A

8. Electricity on docks: 30 AMP 50 AMP 100 AMP N/A
9. Do you test for the presence of stray electrical currents at docks (electric shock drowning)? Yes No N/A
10. Type of fuel sold: Gas Diesel Propane Kerosene N/A Emergency shut off at fuel pump? Yes No
11. Who delivers fuel into vessel: Attendant Vessel Owner Is signage clear, legible, and visible? Yes No

DESIGN AND MAINTENANCE INFORMATION

1. Is there an assigned dock master responsible for the dock system? Yes No
2. What is your scheduled maintenance plan (describe below): Daily Weekly Monthly Annually As Needed

3. For anchored docks, are all cables, chains, and anchor connections inspected and repaired annually? Yes, last serviced _____
 No
4. Are docks removed in the winter? Yes No
If no, please describe ice management system: _____
Is there power backup for this system? Yes No N/A
5. Do you have Covered Docks? Yes, _____% of docks No
If yes, please describe ice/snow removal plan: _____

6. Do you have a written CAT or storm plan? Yes (please provide copy) No
7. Are docks built to specific wind rating? Yes, _____ mph No
8. In the event of an impending storm, what do you do with customers boats left at the dock? Add lines Pull or move boat Owner responsibility only
9. If dock system is set with pilings, what is the piling head height above mean high water? _____ feet
10. What is the maximum surge anticipated (how many feet above mean high water)? _____ feet
11. Do the pilings and surge design plans exceed all storms in the area in the past 20 years? Yes No

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature _____

Date _____

Print Name _____

Title _____

Marine and Other Marine Structures Schedule

Marina Name & Street Address (if multiple, please attach list): _____ City: _____ State: _____ Zip: _____

Dock #	Construction	Manufacturer	Year Built	Covered?	Fixed/Floating	Wind Rating?	Snow Load Rating?	Piling Height or Cables/Anchors (date last serviced)	Length x Width of Dock	# Slips	Dock Value	Dock BI
											\$	\$
											\$	\$
											\$	\$
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											\$	\$
											\$	\$
											\$	\$
Total											\$	\$
Completed By (printed):						Signature:						
Title:						Date:						

Marine and Other Marine Structures Schedule

Marina Name & Street Address: _____ City: _____ State: ____ Zip: _____

Building #	Occupancy/Use	Construction	Roof Construction	Year Built	Electrical/Plumbing last updated?	Roof last updated?	Sq Ft	Sprinklered?	Building Limit	BPP Limit	EQ Breakdown?
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									\$	\$	
									Total	\$	\$
Completed By (printed):						Signature:					
Title:						Date:					