intact INSURANCE ocean marine

PIERS, WHARVES AND DOCK 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 _____
_____

Please complete both schedules for each dock on page 2.

DOCK SCHEDULE

DOCK #	Type of Construction	Brand/Model	Year Built	Covered Dock? (Y/N)	Length	Fixed or Floating	Age of Flotation

DOCK #	Floatation Encapsulated? (Y/N)	Anchoring Type	When was anchoring last replaced?	Replacement Cost Value	ACV (Actual Cash Value)
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

Identify any loss or damage to property in the past five (5) years. Has all damage been fully repaired?

Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 and may be subject to fines and confinement in prison.

Signature of Applicant / Date