



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: _____

Previous Insurer: _____

Policy No.: _____ Expiry date: _____

Have you ever been cancelled by an insurer? Yes No

If yes, please advise why: _____

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

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.