



Southern California
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DOCK COVERAGE APPLICATION

Applicant's Name: _____

Address: _____

Contact Person for Dock Inspection (include telephone #): _____

Physical Address of Docks: _____

Insured's Web Address: _____

Description of Operations/Use: _____

Years in Business: _____

| Dock I.D. # | Value | Age | Construction | Fixed/Floating | # of Slips |
|-------------|----------|-------|--------------|----------------|------------|
| 1 | \$ _____ | _____ | _____ | _____ | _____ |
| 2 | \$ _____ | _____ | _____ | _____ | _____ |
| 3 | \$ _____ | _____ | _____ | _____ | _____ |
| 4 | \$ _____ | _____ | _____ | _____ | _____ |
| 5 | \$ _____ | _____ | _____ | _____ | _____ |

Number of covered slips/docks and open slips/docks: _____

How high do pilings project above docks at normal tide? _____

If no pilings describe moorage system - anchors, cables and mooring winches. If no mooring winches, so state. _____

How was Insured Value of Docks determined? (Form will contain coinsurance clause and penalty) _____

What is cost to replace these docks, as built today? _____

Who manufactured docks? _____

Describe maintenance program in force: _____

Describe breakwaters, natural barriers or construction features to prevent wave action damage to docks (a sketch or picture could be most helpful):

Please attach a layout, drawn to scale, of the docks, or photographs that will show entire dock system.

Describe electrical and fuel systems on docks -- include date installed and extent of system. Show location of fueling facility on dock diagram

Please include slip rental agreement. Coverage based on slip owners maintaining liability insurance coverage on their vessels

FIRE PROTECTION AND SECURITY

Is the Public Fire Department paid or volunteer? _____

How many Public Fire Hydrants are on location? _____

What is the distance? _____

What is the size of the Public Fire Mains? _____

What is the pressure of the mains? _____

Do you have Private Fire Protection? Yes No

If yes, please describe: _____

Is a 24 hour watchman employed? Yes No

Is the area completely fenced in? Yes No

What is adjacent to the docks and piers area? _____

Is area locked entry or restricted entry? Locked Entry Restricted Entry

Describe evacuation plan for approaching storms: _____

Previous Insurance Carrier: _____

Has any company refused or cancelled any insurance applied for or in force during the past 5 years? Yes No

If yes, please explain:

List any losses from any cause writing the last five years with dates and amounts. Include any losses incurred under any other entity or names. If no losses state "none":

Additional comments, if any:

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agents of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported do the Colorado division of insurance within the department o regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK (Non Auto): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating a state law.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICK FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially 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 subjects the person to criminal and civil penalties. Not applicable in Nebraska.

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

| | |
|------------------------|------|
| Applicant's Signature | Date |
| X Agent's Signature | Date |
| X | |