



MARINA/BOAT DEALERSHIP SUPPLEMENTAL APPLICATION

PIERS, WHARVES AND DOCKS

Insured Name: _____ **Policy Period From:** _____ **To:** _____

A. Valuation Option: ACV Replacement Cost

B. Coinsurance Option: 80% 90% 100% Other: _____

C. Deductible Options (minimum \$2,500): 1% 2% Other: _____

D. Values & Construction: (Please provide a diagram if available)

Loc. No.	Floatation and Mooring Devices <input type="checkbox"/> Fixed <input type="checkbox"/> Floating	Type of Construction <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Composite		
	Any covered slips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	FIRE PROTECTION		
		Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Protection Class # _____	Distance in miles _____
	Total Value of docks per the valuation option	Number of Docks	Age of Docks	Number of open slips
Loc. No.	Floatation and Mooring Devices <input type="checkbox"/> Fixed <input type="checkbox"/> Floating	Type of Construction <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Composite		
	Any covered slips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	FIRE PROTECTION		
		Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Protection Class # _____	Distance in miles _____
	Total Value of docks per the valuation option	Number of Docks	Age of Docks	Number of open slips
Loc. No.	Floatation and Mooring Devices <input type="checkbox"/> Fixed <input type="checkbox"/> Floating	Type of Construction <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Composite		
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		Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Protection Class # _____	Distance in miles _____
	Total Value of docks per the valuation option	Number of Docks	Age of Docks	Number of open slips
Loc. No.	Floatation and Mooring Devices <input type="checkbox"/> Fixed <input type="checkbox"/> Floating	Type of Construction <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Composite		
	Any covered slips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	FIRE PROTECTION		
		Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Protection Class # _____	Distance in miles _____
	Total Value of docks per the valuation option	Number of Docks	Age of Docks	Number of open slips

PIERS, WHARVES AND DOCKS (cont'd)

E. Maintenance:

1. Yes No Does the Insured have a maintenance program? If "Yes," summarize the main details:

2. Yes No Are any of the docks removed during the winter?
If "Yes," where are they stored? _____
3. Yes No Is a bubbler system utilized?
4. When were pilings last replaced? _____ Last inspected? _____
5. Does the Insured have an emergency plan for protection of the docks in the event of a storm? Yes No If "Yes," please describe: _____

6. What is the geographic location of the docks? (e.g. cove, harbor, lake, etc.) _____
7. Is the marina location protected by a breakwater or land mass? Yes No If "Yes," please describe:

8. Yes No Are the docks, planks, boat ramps, and hardware in good repair?
9. Yes No Are ground fault interrupters used on the docks?
10. Yes No Do all the gangways have adequate hand rails?
11. Yes No Are docks kept clear of obstructions?
12. Yes No Are floats and bulkheads adequately protected against corrosion?
13. Yes No Are the docks fitted with lifesaving equipment?
14. Yes No Are the slips adequately spaced so that boats can properly maneuver into and out of the slips and navigate into and out of the marina?

F. Business Income and Extra Expense Coverage:

Monthly Limit of Indemnity: \$ _____ Maximum Period of Indemnity: _____

Deductible Period: _____ (Note: The standard deductible period is 30 days)

Operations Covered:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____