



Commonwealth
Underwriters Ltd.

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DOCK COVERAGE APPLICATION

Applicant's Name and Address:

Contact Person for Dock Inspection (include telephone #)

Physical Address of Docks:

Describe Docks:

<u>Dock I.D.#</u>	<u>Value</u>	<u>Age</u>	<u>Construction</u>	<u>Fixed/Floating</u>	<u># of Slips</u>
1 .					
2.					
3.					
4.					
5.					

Advise the number of covered slips/docks and open slips/docks.

How high do pilings project above docks at normal high 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 exposures within one quarter mile in all directions:

Describe breakwaters, natural barriers or construction features to prevent wave action damage to docks (A sketch or picture would 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

ISO Fire Protection Class applicable to this location?

What is distance to nearest fire department?

Describe in full all losses to these docks in the last five years. If no losses, so state, as application will be returned if this section is not completed:

I hereby certify that the above statements are true to the best of my knowledge

Applicant

Title

Date