



ROBERT A. SCHNEIDER AGENCY, INC.

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## DOCK COVERAGE APPLICATION

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person for Dock Inspection (include telephone #):** \_\_\_\_\_

**Physical Address of Docks:** \_\_\_\_\_

**Describe Docks:**

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 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