



**GLOBAL MARINE
APPLICATION FOR DOCKS AND PIERS INSURANCE**

The St Paul

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant		2. Applicant Web Site	
3. Applicant Address (No., Street, City, State, Zip Code)		4. Telephone No.	
5. How long in operation under present management	6. No. of Full-Time Employees	7. No. of Part-Time Employees	
8. Name of Operations Manager	9. Age	10. Experience in this field	

FACILITY OPERATIONS

The diagram and/or picture of the facility must be attached to this application.

11. Describe the usage of the facility:

12. Facility Address (No. Street, City, State, Zip Code, Country)

13. No. of Berths/Slips	14. No of Docks	15. Age of Docks
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DOCK CONSTRUCTION AND VALUE

16. Please provide type of construction, and age for each of the following:

Item	Construction Type	Age of Construction
a. Floats	_____	_____
b. Pilings	_____	_____
c. Piers	_____	_____
d. Ramps	_____	_____
e. Docks	_____	_____
f. Buildings on docks or piers . .	_____	_____
b. Pilings:	_____	_____

17. When were they last renovated?	18. What is the distance between the docks?	19. Breakwater: Construction & Age
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20. List types of utilities on docks and/or floats?

21. Where are the utilities mounted?	22. When were they installed?	23. If updated, when?
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24. Is there a regular maintenance program?	25. Annual maintenance budget? \$	26. When was facility last inspected?
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27. Please provide case values for the following:

Item	Actual Cash Value	Replacement Value
a. Floats	\$ _____	\$ _____
b. Docks	\$ _____	\$ _____
c. Piers	\$ _____	\$ _____
d. Pilings	\$ _____	\$ _____
e. Ramps	\$ _____	\$ _____
f. Buildings	\$ _____	\$ _____
b. Other	\$ _____	\$ _____
TOTAL LIMITED REQUIRED:	\$ _____	\$ _____

28. Coverage desired: Actual Cash Value or Replacement Value

29. How was valued determined? If appraisal, enclose copy. _____

FIRE PROTECTION AND SECURITY

30. Is the Public Fire Department Paid or Volunteer? _____
31. How many Public Fire Hydrants are on location? _____
 a. What is the distance? _____
32. What is the size of the Public Fire Mains? _____
 b. What is the pressure of the mains? _____
33. Do you have Private Fire Protection? ***If yes, please describe*** _____ Yes No
34. Is a watchman employed? ***If yes, please explain.*** Yes No
35. Is area fenced in? ***If yes, please describe fencing.*** Yes No
36. What is adjacent to the docks and piers area? _____
37. Is area locked entry or restricted entry? _____

GEOGRAPHIC INFORMATION

38. Average tidal variations	39. Minimum depth of water
40. Maximum wind velocity at this location	41. Direction from which wind originates
43. Describe evacuation plan for approaching storms	42. Docks/piers removed for winter? <input type="checkbox"/> Yes <input type="checkbox"/> No

44. Previous Insurance Carrier. ***Please provide copy of the Policy if not The St. Paul.***
45. Has any company refused or cancelled any insurance applied for or in force during the past 5 years? . . . Yes No
If yes, please explain:
46. List any losses from any cause within the last five years with dates and amounts. Include any losses incurred under any other entity or names. ***Please use separate sheet of paper if necessary.***
47. Additional comments if any: _____

FRAUD WARNING NOTICE

If a state fraud warning notice applies, please read, sign and attach the signed Fraud Warning Notice List (Form 55306) to this application.

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 X	Date
Agent's Signature X	Date