

Please attach:  Loss Runs  Replacement Cost Estimation (RCE)  Photos  Copy of Warranty/Wind Rating  Dock Diagram

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Applicant's Tax ID/SSN: \_\_\_\_\_

### PRODUCER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Quote Needed by: \_\_\_\_\_  
 Desired Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  LLC  Other (Describe): \_\_\_\_\_

### GENERAL INFORMATION

- Number of years in business under Present Ownership: \_\_\_\_\_
- Present Insurance Carrier: \_\_\_\_\_ How long with current carrier: \_\_\_\_\_
- Has the applicant had any insurance policy declined, cancelled, or non-renewed during prior 3 years?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
- Has the applicant had any CAT losses in past 20 years or any loss in past 5 years?  Yes  No  
 If yes, please provide details (name of storm, year, total loss, and % loss of TIV):  
 \_\_\_\_\_  
 \_\_\_\_\_

### UNDERWRITING INFORMATION

<input type="checkbox"/> Actual Cash Value		<input type="checkbox"/> Replacement Cost (RCE required)		<input type="checkbox"/> Agreed Value (RCE required)		<input type="checkbox"/> Blanket (RCE required)	
Total Dock Limit: \$ _____		Total Dock BI Limit: \$ _____		Additional Debris Removal: \$ _____			
AOP \$ _____		Wind \$ _____   _____ %		Collapse \$ _____   _____ %		Quake \$ _____   _____ %	

### FIRE AND SAFETY:

- Is your facility in compliance with NFPA Standard 303?  Yes  No
- Are fire extinguishers clearly marked, located at the head of every dock and every 150 ft?  Yes  No
- Are guests allowed to BBQ/grill/cook on docks or on boats?  Yes  No
- Other fire protection measures  Wet Standpipe  Dry Standpipe  Fire boat  None
- Are any of the following located at each dock or each fire station?  Type V Throwable  Ladders  Grab Poles
- Are docks equipped with night lighting?  Yes  No
- If foam flotation used, is it all encapsulated?  Yes  No  N/A

8. Electricity on docks:  30 AMP  50 AMP  100 AMP  N/A
9. Do you test for the presence of stray electrical currents at docks (electric shock drowning)?  Yes  No  N/A
10. Type of fuel sold:  Gas  Diesel  Propane  Kerosene  N/A Emergency shut off at fuel pump?  Yes  No
11. Who delivers fuel into vessel:  Attendant  Vessel Owner Is signage clear, legible, and visible?  Yes  No

**DESIGN AND MAINTENANCE INFORMATION**

1. Is there an assigned dock master responsible for the dock system?  Yes  No
2. What is your scheduled maintenance plan (describe below):  Daily  Weekly  Monthly  Annually  As Needed  
\_\_\_\_\_
3. For anchored docks, are all cables, chains, and anchor connections inspected and repaired annually?  Yes, last serviced \_\_\_\_\_  
 No
4. Are docks removed in the winter?  Yes  No  
If no, please describe ice management system: \_\_\_\_\_  
Is there power backup for this system?  Yes  No  N/A
5. Do you have Covered Docks?  Yes, \_\_\_\_\_% of docks  No  
If yes, please describe ice/snow removal plan: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have a written CAT or storm plan?  Yes (please provide copy)  No
7. Are docks built to specific wind rating?  Yes, \_\_\_\_\_ mph  No
8. In the event of an impending storm, what do you do with customers boats left at the dock?  Add lines  Pull or move boat  Owner responsibility only
9. If dock system is set with pilings, what is the piling head height above mean high water? \_\_\_\_\_ feet
10. What is the maximum surge anticipated (how many feet above mean high water)? \_\_\_\_\_ feet
11. Do the pilings and surge design plans exceed all storms in the area in the past 20 years?  Yes  No

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 Intermediaries may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Marine and Other Marine Structures Schedule

Marina Name & Street Address (if multiple, please attach list): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dock #	Construction	Manufacturer	Year Built	Covered?	Fixed/Floating	Wind Rating?	Snow Load Rating?	Piling Height or Cables/Anchors (date last serviced)	Length x Width of Dock	# Slips	Dock Value	Dock BI
											\$	\$
											\$	\$
											\$	\$
											\$	\$
											\$	\$
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											\$	\$
											\$	\$
											\$	\$
											\$	\$
											\$	\$
											\$	\$
											\$	\$
											\$	\$
											\$	\$
Total											\$	\$
Completed By (printed):						Signature:						
Title:						Date:						

Marine and Other Marine Structures Schedule

Marina Name & Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Building #	Occupancy/Use	Construction	Roof Construction	Year Built	Electrical/Plumbing last updated?	Roof last updated?	Sq Ft	Sprinklered?	Building Limit	BPP Limit	EQ Breakdown?	
									\$	\$		
									\$	\$		
									\$	\$		
									\$	\$		
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									\$	\$		
									\$	\$		
									Total	\$	\$	
Completed By (printed):						Signature:						
Title:						Date:						