

Application for Piers, Wharves & Docks Insurance

Atlantic Marine Underwriters Inc.

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Applicant's Name: _____ Broker's Name: _____

Applicant's Mailing Address: _____ Address: _____

Loss Payable to: _____

Please give full description and provide sketch plan: _____

Year Built/Constructed: _____ Total length: _____ No. of Sections: _____

Supplier/Manufacturer? _____

What services do you supply? _____

Do you have covered slips, dock, pontoons or boat houses ashore or afloat? YES () NO ()

If "YES" please provide, on a separate sheet, full details of these structures including Size, Capacity, Age, Construction and Re-Building value including debris removal costs.

If you have a report/valuation which has been prepared during the past 3 years a copy of this should be attached.

How are the pontoons secured to the seabed? _____ No. of piles? _____

Are the pontoons subject to tidal conditions? YES () NO ()

Do you haul your pontoons/docks up onto the shore during the winter months? YES () NO ()

If "YES" over what period? _____

Have they been surveyed recently? If "YES" please **attach** copy. YES () NO ()

Minimum depth of water _____ Maximum depth of water _____

What is the largest size and type of vessel that can be berthed? _____

What are your budgeted annual maintenance costs? \$ _____

What is the replacement value (including installation costs, piles and services provided) \$ _____

Losses over past 5 years: _____

What are the docks constructed of? _____

What is the pier, wharf or dock used for? _____

What is the type of traffic surrounding the structure? _____

Is there any fuelling being done on the surface and is fuel being stored on the structure? YES () NO ()

Are there any sheds or warehouses involved in this insurance and what is their construction? Full details.

Is the structure in fully protected waters? YES () NO ()

Is there any fire protection? YES () NO ()

Is the structure inspected semi-annually by a qualified surveyor and are the recommendations completed? Please comment. _____

The applicant certifies that the above statements and facts are true and that no information has been withheld. Completion of this application does not bind the insurer to provide the insurance.

Date: _____ Signature of Applicant: _____