



WHARF/DOCK GENERAL APPLICATION

1. Applicant's Name:	
2. Mailing Address:	
3. Who is running the wharf/docks and what is their experience doing this	
4. What is the wharf/dock used for? Please provide a full description.	
5. Location of wharf/dock:	
6. Age and construction of wharf/dock:	
7. Date of last survey or inspection of wharf/dock (attach copy):	
8. Size of wharf/dock and number of slips if applicable:	
9. What is the Maximum number of vessels at the wharf/dock any one time? What is the Average number of vessels at the wharf/dock at any one time?	
10. What is the Maximum value of vessels kept at the wharf/dock at any one time? What is the Average value of vessels kept at the wharf/dock at any one time?	
11. Describe usual types of vessels kept at wharf/dock:	
12. What is the value of the docks? Actual Cash Value: Replacement Value:	
13. a. Is there a fueling facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Tanks located: On shore <input type="checkbox"/> On the docks <input type="checkbox"/>	
c. Vessels fueled by: Vessel owners <input type="checkbox"/> Dock Employees <input type="checkbox"/>	
d. Age of tanks:	
e. When last inspected (attach copy of inspection):	
14. a. Any winches or hoist on wharf/dock? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. If yes advise age of hoist or winch:	
c. And when last inspected (attach copy of inspection):	
15. a. Any cradles or travel lifts on wharfs/docks? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. If yes advise age of cradle a/o hoist:	
c. And when last inspected (attach copy of inspection):	
16. a. Any slipways by wharf/dock: Yes <input type="checkbox"/> No <input type="checkbox"/>	

17. Is there any load/unloading of cargo or catch:

If Yes, describe in detail type of cargo or catch:

If Yes, who is un/loading:

Applicant (employees)

Third party a/o sub-contractor

Does third party a/o sub-contractor have liability insurance:

18. Is wharf/dock open to the public or members only .

19. a. Describe adjacent business or buildings:

b. Are any of these owned by applicant but rented out to third party operators: Yes No

20. Describe any attempts to limit liability? (eg. signs posted)

21. a. Describe all loss and claims in details which occurred in the past 5 years (date, amount paid and details of occurrence):

b. Have you been involved in any major losses at any time? If so, please provide details:

22. a. Prior Insurance Carrier:

b. Prior Insurance Policy No.: Expiry date:

c. Have you ever been cancelled by an insurance company: Yes No

d. If yes advise why:

COVERAGE REQUEST:

LIABILITY LIMIT(S) REQUESTED:

DEDUCTIBLE(S) REQUESTED:

Agent's Name and Address: _____

Agent / broker's signature: _____

Applicant's signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.