

Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508

Piers, Wharves & Docks Application

POLICY TO BE ISSUED IN THE NAME OF:			PRODUCER'S NAME:		
MAILING ADDRESS:			AGENCY ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
REQUESTED EFFECTIVE DATES: FROM: TO:			PRODUCER PHONE:	PRODUCER FAX:	
INSURED IS:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION		
TAX ID / SSN					

General Information				
BUSINESS OF APPLICANT:				
NUMBER OF YEARS IN BUSINESS:				
LIST OF ALL PHYSICAL LOCATIONS				
LOCATION #1	ADDRESS:	CITY:	STATE:	ZIP:
LOCATION #2	ADDRESS:	CITY:	STATE:	ZIP:
LOCATION #3	ADDRESS:	CITY:	STATE:	ZIP:
DOES APPLICANT HAVE ANY DIVISIONS OR AFFILIATES NOT TO BE INSURED HEREUNDER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, PLEASE NAME & DESCRIBE:				
HAS THE APPLICANT HAD ANY INSURANCE POLICY DECLINED, CANCELLED, OR NON-RENEWED DURING THE PRIOR 3 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, PLEASE GIVE DETAILS:				

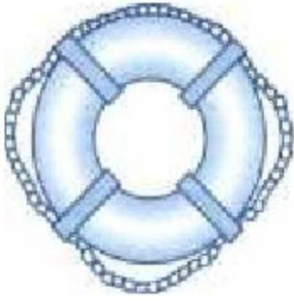
Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508



Piers, Wharves & Docks Application

DOES APPLICANT HAVE ANY KNOWLEDGE OF ANY FACTS, WHICH MIGHT GIVE RISE TO A CLAIM UNDER THESE POLICIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE GIVE DETAILS:		
HAS THE APPLICANT EVER DECLARED BANKRUPTCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE GIVE DETAILS:		
PLEASE INCLUDE INFORMATION ON ANY SPECIAL CONSIDERATIONS OR CONCERNS YOU WOULD LIKE TO ADDRESS:		

SPECIFIC INFORMATION	
TOTAL DOCK LIMIT OF LIABILITY REQUESTED:	\$ _____
TOTAL BUSINESS INTERRUPTION LIMIT OF LIABILITY:	\$ _____
PLEASE ATTACH :	
<ul style="list-style-type: none"> ▪ A COPY OF THE DOCK(S) DIAGRAM, PICTURE, LAYOUT, OR SCHEMATIC OF DOCKS, INCLUDING ALL DISTANCES BETWEEN DOCKS. ▪ LOSS HISTORY FOR THE LAST FIVE YEARS 	

DOCK DESCRIPTIONS:

DOCK	Type of Construction	Year Built	Covered (Y/N)	Floating or Fixed
A				
B				
C				
D				
E				

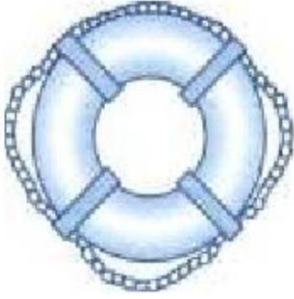
Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508



Piers, Wharves & Docks Application

DOCK	Manufactured By	Length	Last Inspection Date	Actual Cash Value	Wet BI
A					
B					
C					
D					
E					

DEDUCTIBLE REQUESTED: \$ _____

How was the dock &/or pier value determined:

Describe electrical and fuel systems on the dock, please include the date installed and extent of the system. Show the location of these systems on the dock diagram:

Describe the physical protection from wind and waves; i.e. breakwaters, natural barriers or construction features to prevent damage to the docks:

Describe Dock Maintenance Program in detail:

Dock Snow Removal Plan:

Distance to nearest fire department:

Any other structures or building located on the dock/pier:

PLEASE SUBMIT SCHEDULE OF EQUIPMENT/MISC. TOOLS FOR REVIEW:

1.

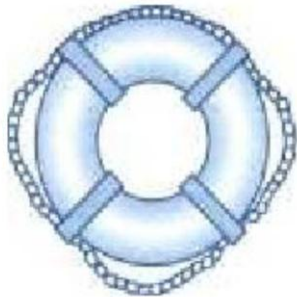
2.

3.

4.

5.

6.



Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508

Piers, Wharves & Docks Application

MATERIAL CHANGE

If there is any material change in the answers to the questions in this Piers, Wharves & Docks Application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

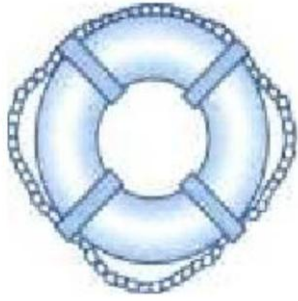
The Applicant's submission of this Piers, Wharves & Docks Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Piers, Wharves & Docks Application for coverage is accepted. The Applicant hereby authorizes the Company to make any inquiry in connection with this Piers, Wharves & Docks Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Piers, Wharves & Docks Application and in any attachments or other documents submitted with this Piers, Wharves & Docks Application are true and complete. The undersigned agree that this Piers, Wharves & Docks Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Piers, Wharves & Docks is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from



Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508

Piers, Wharves & Docks Application

insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice to District of Columbia Applicants: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Notice to Louisiana and Rhode Island Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

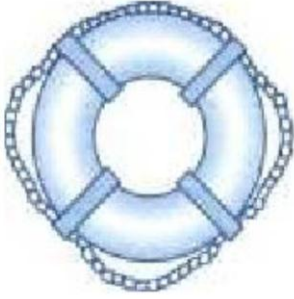
Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508



Piers, Wharves & Docks Application

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

DATE	SIGNATURE*	TITLE

*This Piers, Wharves & Docks Application must be signed by the chief executive officer and chief financial officer of the Named Insured acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.