MARKEL **Essex Insurance Company**

4551 Cox Rd., Glen Allen, VA 23060-3383

DOCK COVERAGE APPLICATION

Applicant's Name: _____

Address: _____

Contact Person for Dock Inspection (include telephone #): _____

Physical Address of Docks: _____

Describe Docks:

Dock I.D. #	Value	Age	Construction	Fixed/Floating	# Of Slips
1	$				
2	$				
3	$				
4	$				
5	$				

Number of covered slips/docks and open slips/docks: _____

How high do pilings project above docks at normal high tide? _____

If no pilings describe moorage system - anchors, cables and mooring winches. If no mooring winches, so state. _____

How was Insured Value of Docks determined? (Form will contain coinsurance clause and penalty) _____

What is cost to replace these docks, as built today? _____

Who manufactured docks? _____

Describe exposures within one quarter mile in all directions: _____

Describe breakwaters, natural barriers or construction features to prevent wave action damage to docks (A sketch or picture would be most helpful): _____

Please attach a layout, drawn to scale, of the docks, or photographs that will show entire dock system.

Describe electrical and fuel systems on docks -- include date installed and extent of system. Show location of fueling facility on dock diagram. _____

Please include slip rental agreement. Coverage based on slip owners maintaining liability insurance coverage

on their vessels

ISO Fire Protection Class applicable to this location? _____

What is distance to nearest fire department? _____

Describe in full all losses to these docks in the last five years. If no losses, so state, as application will be returned if this section is not completed: _____

I hereby certify that the above statements are true to the best of my knowledge

Applicant Title Date