

## WHARF/DOCK COMMERCIAL GENERAL LIABILITY 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. a. Number of vessels calls per week:	b. Annual gross receipts:
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"/>



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.