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Marine Structures - Boat Docks, Slips or Piers Commercial Property Supplemental Application

TO BE USED WITH FULLY COMPLETED ACORD APPLICATION OR ITS EQUIVALENT
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

Location #4 _____

SCHEDULE OF PROPERTY (Attach a separate sheet, if necessary)

Loc #	LIST SPECIFIC LOCATION (BODY OF WATER: LAKE / RIVER / OCEAN / INTER-COASTAL WATERWAY / HARBOR / INLET)	DISTANCE FROM COAST: MILES	VALUATION
	DESCRIPTION OF BODY OF WATER:		\$
	DESCRIPTION OF BODY OF WATER:		\$
	DESCRIPTION OF BODY OF WATER:		\$
	DESCRIPTION OF BODY OF WATER:		\$

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. Describe general condition of slips and docks.

Boat Docks, Slips or Piers Commercial Property Application

UNDERWRITING INFORMATION (CONTINUED)

	Location 1	Location 2	Location 3	Location 4
Number of docks / piers:				
Number of slips at each dock / pier:				
State period of seasonal operation (if any)				
Is there a boatlift attached to the dock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age of Equipment				
Manufacturer				
Value:				
Construction (metal/wood/composite)				
Covered or Uncovered:				
Floating or Permanent:				
If floating - removed during closed period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all units regularly inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fueling operation on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who fuels the watercraft? (Insured or General Public)				
Indicate number of gasoline tanks and include total gallons for all tanks:	Gas Gallons	Gas Gallons	Gas Gallons	Gas Gallons
Indicate number of diesel and include total gallons for all tanks:	Diesel Gallons	Diesel Gallons	Diesel Gallons	Diesel Gallons
Are tanks above or below ground?				
Is there a maintenance schedule in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, frequency (Monthly/Annual/Other)				
Separate Fuel Dock located away from general moorings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency shut-off easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide any of the following amenities:	Yes No	Yes No	Yes No	Yes No
Shore power / Electrical hook-up	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Potable Water hook up	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Bar-b-que Stations	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Communications Hook Up	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Night Lighting	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pump outs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

