

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant Insured Email Address:		2. Applicant Web Site	
3. Applicant Address <i>(No., Street, City, State, Zip Code)</i>		4. Telephone No.	
5. How long in operation under present management	6. No. of Full-Time Employees	7. No. of Part-Time Employees	
8. Name of Operations Manager	9. Age	10. Experience in this field	
11. Agency Name	Agency Address		
12. Policy Term			

FACILITY OPERATIONS

The diagram and/or picture of the facility must be attached to this application.

13. Describe the usage of the facility:

14. Facility Address *(No. Street, City, State, Zip Code, Country)*

15. No. of Berths/Slips	16. No of Docks	17. No. of Docks with Roofs	18. Age of Docks
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DOCK CONSTRUCTION AND VALUE

19. Please provide type of construction, and age for each of the following:

Item	Construction Type	Age of Construction
a. Floats.....	_____	_____
b. Pilings.....	_____	_____
c. Piers.....	_____	_____
d. Ramps.....	_____	_____
e. Docks.....	_____	_____
f. Buildings on docks or piers.....	_____	_____
g. Other _____.....	_____	_____

20. When were they last renovated?	21. What is the distance between the docks?	22. Breakwater: Construction & Age
23. List types of utilities on docks and/or floats?		
24. Where are the utilities mounted?	25. When were they installed?	26. If updated, when?
27. Is there a regular maintenance program?	28. Annual maintenance budget? \$	29. When was facility last inspected?

30. Please provide case values for the following:

Item	Actual Cash Value	Replacement Value
a. Floats.....	\$ _____	\$ _____
b. Docks	\$ _____	\$ _____
c. Piers	\$ _____	\$ _____
d. Pilings.....	\$ _____	\$ _____
e. Ramps.....	\$ _____	\$ _____
f. Buildings.....	\$ _____	\$ _____
g. Other _____	\$ _____	\$ _____
TOTAL LIMITED REQUIRED:	\$ _____	\$ _____

31. Coverage desired: Actual Cash Value or Replacement Value

32. How was valued determined? If appraisal, enclose copy. _____

FIRE PROTECTION AND SECURITY

33. Is the Public Fire Department Paid or Volunteer? _____

34. How many Public Fire Hydrants are on location?..... _____
 a. What is the distance? _____

35. What is the size of the Public Fire Mains? _____
 a. What is the pressure of the mains?

36. Do you have Private Fire Protection? Yes No
If yes, please describe: _____

37. Is a watchman employed? Yes No
If yes, please explain: _____

38. Is area fenced in?..... Yes No
If yes, please describe fencing: _____

39. What is adjacent to the docks and piers area? _____

40. Is area locked entry or restricted entry? _____

GEOGRAPHIC INFORMATION

41. Average tidal variations		42. Minimum depth of water
43. Maximum wind velocity at this location	44. Direction from which wind originates	45. Docks/piers removed for winter? <input type="checkbox"/> Yes <input type="checkbox"/> No
46. Describe evacuation plan for approaching storms		

47. Previous Insurance Carrier. *Please provide copy of the Policy if not St. Paul Travelers.*

48. Has any company refused or cancelled any insurance applied for or in force during the past 5 years? Yes No
If yes, please explain: _____

49. List any losses from any cause within the last five years with dates and amounts. Include any losses incurred under any other entity or names. *Please use separate sheet of paper if necessary.*

50. Additional comments if any: _____

ARKANSAS: 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.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: 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.

LOUISIANA: 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.

MAINE: 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.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK (Non Auto): 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.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature	Date
Agent's Signature	Date