



OCEAN MARINE APPLICATION

Piers & Docks



SKETCH OR DIAGRAM MUST BE ATTACHED TO THIS APPLICATION.

| ITEM NUMBER | DESCRIPTION OF DOCK/PIER | YEAR BUILT | TYPE OF CONSTRUCTION | FIXED OR FLOATING | REQUESTED INSURANCE AMOUNT |
|-------------|--------------------------|------------|----------------------|-------------------|----------------------------|
| 1. | | | | | \$ |
| 2. | | | | | \$ |
| 3. | | | | | \$ |
| 4. | | | | | \$ |
| 5. | | | | | \$ |
| 6. | | | | | \$ |
| 7. | | | | | \$ |
| 8. | | | | | \$ |
| 9. | | | | | \$ |
| 10. | | | | | \$ |
| 11. | | | | | \$ |
| 12. | | | | | \$ |
| 13. | | | | | \$ |

| ESTIMATED REPLACEMENT VALUE | REQUESTED DEDUCTIBLE | FUEL PUMP | ELECTRICITY | OTHER SERVICES PROVIDED TO BOATS | ROOFS, AWNINGS OR OPEN |
|-----------------------------|----------------------|--|--|----------------------------------|------------------------|
| 1. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13. \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Additional Comments: