



AmRisk Insurance Group
 PO Box 6230
 Scottsdale, AZ 85261

Piers & Docks Supplement

This is not a Binder

602.702.7600 underwriting@amriskusa.com

Great American Insurance Company

Application Information

Yes

No

Name of Applicant _____

Address - Number and street _____

City _____ State _____

Zip _____

Producer Name and Address:

Mortgagee name and address:

Present insurance carrier? Why is insurance being replaced?

Has any company ever canceled or non-renewed insurance for the owner? Yes No

If yes, what company? _____

Did you place current insurance as agent of record? Yes No

Expiration date of present policy: _____

If our quotation is accepted, what date shall policy attach? _____

Give a brief description of the operation and the experience of principals, including years in business at this location:

How many miles to the nearest fire station? _____

Paid Volunteer

Application Information Continued

Yes **No**

Watchman service provided?
If yes, explain type of service:

Are any of the piers/docks removed for winter?
If yes, state which pier/dock and where they are stored:

If seasonal operation, state lay-up period:

From: _____ To: _____

Lay-up location: _____

When can location be inspected? _____

Person to contact (name, area code, phone number):

When were pilings last inspected: _____

When were pilings last replaced? _____

Brief description of maintenance program:

Application Information *Continued*

Sketch or diagram must be attached to this application

	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
			Yes	No	Yes	No		
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Application Information Continued

Five year gross claims history (whether insured or not). List claims or losses sustained during the last five years on all piers/docks owned or operated by the insured:

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amount of Claim or Loss Before Any Deductible	Current Status	
					Open	Closed
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Applicant Signature _____ **Producer Signature** _____

Company Title _____ **Company Title** _____

Date _____ **Date** _____

Additional Comments
