



# Piers, Wharves and Docks Supplemental Application

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## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all Applicants)

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

All monetary values in this questionnaire are:  CAD  USD

Item	Yes/No	Construction Type	Year of Original Construction	Date of Last Renovation
Docks	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Piers/Wharfs	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Pilings	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Bulk-heading	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Gangways/Ramps	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Boat Launch Ramps	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Sea Wall/Breakwater	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Buildings on dock or piers	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Other:	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____

2. Are any of the docks removed during the winter?  Yes  No

If "Yes", where are they stored? \_\_\_\_\_

3. Is a bubbler system utilized?  Yes  No

4. Does applicant have an emergency plan for protection of the docks in the event of a storm?  Yes  No

If "Yes", please provide a copy of the plan.

5. What are the average tidal variations or river height variations? \_\_\_\_\_

What is the minimum depth of water? \_\_\_\_\_

6. Do all the gangways have adequate hand rails?  Yes  No

7. List type of utilities on docks/floats: \_\_\_\_\_

Where are utilities mounted: \_\_\_\_\_

When were they installed? \_\_\_\_\_ If updated, When? \_\_\_\_\_

8. Are ground fault interrupters used on the docks?  Yes  No

9. Is the public fire department paid or volunteer?  Paid  Volunteer

Protection class code: \_\_\_\_\_

10. Is there a regular maintenance program?  Yes  No

If "Yes", what is the annual maintenance budget? \_\_\_\_\_

11. What do you plan to repair/replace within the next 12 months? \_\_\_\_\_

Location Number 1: \_\_\_\_\_ (address)

Dock Label	Type of Construction	Manufacturer	Year Built	Dock Covered? If "Yes," give roof type	Number of Slips	Fixed or Floating	Length of Dock	Insured Value Requested	Estimated Annual Revenue	Appraisal/Survey Date
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
									<b>Total:</b>	_____

Requested Physical Damage Limit: \_\_\_\_\_

How was dock value determined:  ACV  Replacement value

When was the last appraisal/survey conducted: \_\_\_\_\_

Location Number 2: \_\_\_\_\_ (address)

Dock Label	Type of Construction	Manufacturer	Year Built	Dock Covered? If "Yes," give roof type	Number of Slips	Fixed or Floating	Length of Dock	Insured Value Requested	Estimated Annual Revenue	Appraisal/Survey Date
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> Yes	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="radio"/> No	_____	_____	_____	_____	_____	_____
									<b>Total:</b>	_____

Requested Physical Damage Limit: \_\_\_\_\_

How was dock value determined:  ACV  Replacement value

When was the last appraisal/survey conducted: \_\_\_\_\_

**FRAUD NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or

denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

**APPLICANT**

By: \_\_\_\_\_  
Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

