



Red Shield Insurance Company®

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**PIERS, DOCKS AND FLOATING
PROPERTY APPLICATION**

Clear Form

APPLICANT INFORMATION

Policy No.:		Proposed Effective and Expiration Date: From: To:		Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue		Agent Code:	
Applicant's Name:				Agent Name:			
Business Name / DBA:				Agent Address:			
Mailing Address:							
				Agent's Phone No.:			
				Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Phone No. Home: Work:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)					
Years in Business:	Years of Experience:		Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)				
Inspection Records Name: Contact Phone:		Accounting Records Name: Contact Phone:					
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other							

COVERED PROPERTY INFORMATION – Description of covered property, including age, construction and dimensions

Address of Site:						
Item #	Value	Age/Year	Construction	Fixed/Floating	Covered/Uncovered	Dimensions

SPECIFIC PROPERTY INFORMATION

ISO Fire Protection Class applicable to location(s):
Distance to nearest fire department: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Describe firefighting equipment on premises:
How high do pilings project above docks at normal high tide?
If no pilings, describe moorage system (anchors, cables and mooring winches):
How was value of docks determined? (Coinsurance clause applies.)
What is the cost to replace the docks, as built, today?
Describe breakwaters, natural barriers, or construction features to prevent wave action damage to docks:

****Attach layout, drawn to scale, of docks or include photographs that show entire dock system****

Clear Form

Describe electrical and fuel systems associated with the docks. Include date installed and extent of system. Show location of any fuel facility on dock diagram.

COVERAGE INFORMATION

Limit:	Deductible:
Coinsurance: <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> %	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> Replacement Cost

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No

If Yes, explain:

Explain any periods when insurance was not in place:

If coverage is currently in place, explain reasons for making a change:

PRIOR LOSS INFORMATION

(Include information for all losses, insured or uninsured that would be recoverable under this type of insurance occurring in the past 5 years)

Date of Loss	Carrier	Loss Amount	Open/Closed	Description of Loss	Deductible	Amount Paid

ADDITIONAL REMARKS

*****ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED*****

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT , ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

RED SHIELD INSURANCE COMPANY, AT ITS OPTION, WILL VERIFY RISK LOSS EXPERIENCE

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____