Red Shield Insurance Company®
1411 SW Morrison Street, Suite 400
Portland, OR 97205-1945
800-527-7397 • Fax 800-742-5176

PIERS, DOCKS AND FLOATING PROPERTY APPLICATION

Clear Form

Policy #	Proposed Effective and Expiration Date From: To:	Status of Submission ☐ Quote ☐ Bind ☐ Issue	Agent Code
Applicant's Name		Agent Name	
Mailing Address		Agent Address	
		Agent's Phone #	
Applicant's Phone # Home:	Work: Cell:	Have you insured this account before? ☐ Yes ☐ No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status ☐ Agency Bill ☐ Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Financing Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% down payment required)	
Type of Business ☐ Individual ☐ Corporation ☐ LLC/LLP ☐ Joint Venture ☐ Partnership ☐ Other			
Business Description:			
Accounting Records Name: Contact Phone:		Inspection Records Name: Contact Phone:	

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

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: ☐ Paid ☐ 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.

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: ☐ **100%** ☐ **90%** ☐ **80%** ☐ %	**Valuation:** ☐ **ACV** ☐ **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 WI TH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICAT ION FOR INSURANCE OR STAT EMENT OF CLAIM CONT AINING 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 KNOWINGL Y AND WIT H INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PER SON FILES AN APPLICAT ION FOR INSURANCE O R STATEMENT OF CLAIM CONT AINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITT ING 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 T HE PURPOSE OF DEFRAUDING THE COMPANY. PENALT IES 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 producers ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____