

WHARF/DOCK COMMERCIAL GENERAL LIABILITY APPLICATION

1. Applicant's Name:	
2. Mailing Address:	
3. Who is running the wharf/docks and what is their experience doing this	
4. What exactly is the wharf/dock used for? Please provide a full description.	
5. Location of wharf/dock:	
6. Age and construction of wharf/dock:	
7. Date of last survey or inspection of wharf/dock (attach copy):	
8. Size of wharf/dock and number of slips if applicable:	
9. Maximum number of vessels and maximum total values at wharf/dock any one time:	
10. What is usual number of vessels kept at the wharf/dock despite above maximums?	
11. Describe usual types of vessels kept at wharf/dock:	
12. a. Number of vessels calls per week:	b. Annual gross receipts:
13. a. Is there a fueling facility: Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Tanks located: On shore <input type="checkbox"/>	On the docks <input type="checkbox"/>
c. Vessels fueled by: Vessel owners <input type="checkbox"/>	Dock Employees <input type="checkbox"/>
d. Age of tanks:	
e. When last inspected (attach copy of inspection):	
14. a. Any winches or hoist on wharf/dock: Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes advise age of hoist or winch:	
c. And when last inspected (attach copy of inspection):	
15. a. Any cradles or travel lifts on wharfs/docks: Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes advise age of cradle a/o hoist:	
c. And when last inspected (attach copy of inspection):	
16. a. Any slipways by wharf/dock: Yes <input type="checkbox"/>	No <input type="checkbox"/>

