



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



Ocean Marine Division
65 Broadway
New York City, NY 10006

Commercial Hull Application

- Great American Insurance Company of New York
- Great American Insurance Company
- _____

Application Information

Yes No

Name of Applicant _____

Address - Number and street _____

City _____ State _____ Zip _____

Producer Name and Address

Loss payee: any loss under hull coverage is payable as interest may appear to the policy holder and:

Mortgagee Name and Address

Present insurance carrier of vessels _____

Why is insurance being replaced? _____

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

If yes, what company? _____

Do 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? _____

Are recent surveys available? Yes No

If yes, please attach copy to this application.

Give a brief description of the operation and experience of the principals:

Application Information *Continued*

Yes No

Experience	Number of Crew Employees	Years with Applicant	Total Years Experience
Captain			
Engineers			
Others			

Who tows non-propelled vessels? _____

Is tower released from liability? Yes No

Does the insured tow vessels belonging to other? Yes No

Is the insured released from liability? Yes No

Type of non-propelled vessels towed:

- Gasoline Barges
 Petroleum Barges
 Chemical Barges
 Dry Cargo Barges
 Other

If tugs or barges are to be insured, number of barge in any one tow:

Average Number: _____

Maximum Number: _____

Amount of gross receipts from towing operation: _____

What navigation limits are required? _____

If Seasonal Operation, State Lay-Up Period

From (month, day, year) _____

To (month, day, year) _____

Lay-up location _____

Where can vessels be surveyed? _____

Person to contact (name, area code-phone number) _____

If insured owns vessels that do not appear on the list, please describe them:

Why are these vessels not being offered for insurance at this time?

Full Coverage

Name of Vessel	Builder	Year	Length and Beam	Material of Hull	Propulsion Fuel and Horsepower	Type of Vessel	Amount Insurance Desired	Deductible

Protection and Indemnity Coverage

Protection and Indemnity Limit Desired	Total Number in Crew (All Ships)	Is Liability to Vessels and Cargo in Tow Desired?		Cargo Carried	Deductible Requested	
		Yes	No		Bodily Injury	Property Damage
		<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"/>			
		<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"/>			

Five Year Gross Claims History (whether or not insured)

Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last five years on all vessels owned or operated by the insured including vessels sold or lost.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amount of Claim or Loss Before Any Deductible	Current Status	
					Open	Closed

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:

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.)

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