



Ocean Marine Division  
65 Broadway  
New York City, NY 10006

## Application Commercial Fishing Vessel

This is not a Binder

- Great American Insurance Company of New York
- Great American Insurance Company
- \_\_\_\_\_

**Application Information**

**Yes      No**

Name of Applicant/Owner \_\_\_\_\_

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

O/S Mortgage Amount \$ \_\_\_\_\_

Term \_\_\_\_\_

Present insurance carrier of vessels? Great American

Why is insurance being replaced?

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

If yes, what company? \_\_\_\_\_

List other vessels owned or partly owned by applicant not insured under this insurance

Did 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? *(Please attach copy to this application)*  Yes  No

Home Port \_\_\_\_\_

Yes

No

Person to arrange for survey \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is vessel owner-operated?  Yes  No

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

Navigation limits required \$ \_\_\_\_\_

Do the vessel(s) maintain the following items in good working order?

	Yes	No		Yes	No
Bilge alarms	<input type="checkbox"/>	<input type="checkbox"/>	Oil pressure alarms	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary generators	<input type="checkbox"/>	<input type="checkbox"/>	GPS	<input type="checkbox"/>	<input type="checkbox"/>
First aid equipment	<input type="checkbox"/>	<input type="checkbox"/>	Winch guards	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Survival suits	<input type="checkbox"/>	<input type="checkbox"/>

When was vessel(s) last dry docked? \_\_\_\_\_

Where? \_\_\_\_\_

Describe work performed

Additional coverages requested for quotation

War       S.R.C.C.       Maintenance and cure on owner/operator

Hull Coverage

Name of Vessel	Builder	Year	Length and Beam	Material of Hull	Propulsion, Fuel and Horsepower	Type of Vessel	Amount Insurance Desired
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

Protection and Indemnity Coverage

Limit of Liability Desired	Total Crew Employed (Ex Owner)	Number Licensed	Deductible Requested	
			Bodily Injury	Property Damage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

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
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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