



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?	<input type="radio"/>	<input type="radio"/>
If yes, what company? _____		
Do you place current insurance as agent of record?	<input type="radio"/>	<input type="radio"/>
Expiration date of present policy: _____		
If our quotation is accepted what date shall policy attach? _____		
Are recent surveys available?	<input type="radio"/>	<input type="radio"/>
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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Five Year Gross Claims History (whether or not insured)

Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last  5 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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