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Ocean Marine Division 65 Broadway New York Oty, NY 10006

Great American Insurance Company of New York

Commercial Hull Application

- O Great American Insurance Company
- 0 Application Information No Name of Applicant_ Address - Number and street _____ _____ State ____ 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? 0 0 If yes, what company?__ Do you place current insurance as agent of record? 0 Expiration date of present policy: _ If our quotation is accepted what date shall policy attach?_ Are recent surveys available? If yes, please attach copy to this application. Give a brief description of the operation and experience of the principals:

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Application Information	n Continued			Yes	No
Experience	Number of Crew Employees	Years with Applicant	Total Years	Experienc	ce
Captain					
Engineers					
Others					
Who tows non-propele	d vessels?				
Is tower released from	liability?			0	0
Does the insured tow	vessels belonging to other?			0	0
Is the insured released	from liability?			o	o
Type of non-propelled	vessels towed:				
O Gasoline Barge	s o Petroleum Barges	O Chemical Barges O Dry C	Cargo Barges	o Ot	her
If tugs or barges are to	b be insured, number of barge i	n any one tow:			
Average Number:					
Maximum Number:					
Amount of gross recei	pts from towing operation:				
What navigation limits	are required?				
If Seasonal Operation,	State Lay-Up Period				
From (month, day, yea	r)				
To (month, day, year)				x::x::x::x::x::x::x::x::x::x::x::x::x::	
Lay-up location					
Where can vessels be	surveyed?				
Person to contact (nai	ne, area code—phone number)				
If insured owns vessel	s that do not appear on the list	, please describe them:			
Why are these vessels	not being offered for insurance	e at this time?			

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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	Total Number in	Is Liab Vessel Cargo i Desii	s and in Tow		Deducti	ble Requested
Limit Desired	Crew (All Ships)	Yes No		Cargo Carried	Bodily Injury	Property Damage
		0	0			
		0	0			
		0	0			
		0	0			
		0	o			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

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Five Tear Gross Claims History (whether or not insured)

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amount of Claim or Loss Before Any Deductible	Current Status Open Closed	
y false information, or o	conceals for the pu	pose of mislead	ding, informati	any or other person Hes an applic on concerning any fact material th		
y false information, or coursely false information, or coursely false information do not be a controlled the second of the secon	conceals for the pur crime. (Applicable bes not bind the Ap	pose of mislead to New York Sta oplicant to purch	ding, information te only.) nase the insura		ereto, com	nmits a fraud
y false information, or o surance act, which is a	conceals for the pur crime. (Applicable on the pes not bind the Application of the contract	pose of mislead to New York Sta plicant to purch should a policy	ding, information te only.) nase the insura be issued.	on concerning any fact material th	ereto, com risk, but i	nmits a fraud

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Additional Comments:		

Any person who knowingly and with intent to defraud any insurance company or other person ses 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.

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