

OCEAN MARINE APPLICATION

Marine Commercial Liability
Marine Contractors Supplemental Information





MARINE CONTRACTORS

Great American Insurance Company of New York
Great American Insurance Company

NAME OF APPLICANT	PRODUCER NAME AND ADDRESS					
ADDRESS - NUMBER AND STREET						
CITY STATE ZIP						
LOCATION OF INSURED'S STORAGE YARDS						
A						
В.						
C						
TOTAL NUMBER OF YEARS IN BUSINESS	NUMBER OF YEARS UNDER CURRENT MANAGEMENT					
ACTUAL GROSS RECEIPTS PAST 12 MONTHS	PROJECTED GROSS RECEIPTS NEXT 12 MONTHS					
\$ EXPIRATION DATE OF CURRENT POLICY	\$ REQUESTED ATTACHMENT DATE					
OPERATIONS (CHECK ALL THAT APPLY AND PERCENTAGE)						
Piledriving% 🗖 Carpentry	%					
☐ Boat lift installation% ☐ Bridge repair	%					
☐ Revetment construction% ☐ Seawall construct	Revetment construction% Seawall construction% Bridge construction%					
☐ Other % ☐ Other						
please describe please describ	be please describe					
Percentage of work subcontracted: %						
IS SUBCONTRACTED WORK ACCOMPANIED BY A:						
Hold harmless/indemnity agreement? 🔲 Yes 🔲 No						
Waiver of subrogation?						
Are certificates of insurance required?						
What Limits?						
Do you ever act as a subcontractor? ☐ No ☐ Yes If yes, please describe:						
bo you over ust as a subcontractor: • No • 165 II yes, please describe.						
Does the applicant enter into contractual agreements other than those normal to the industry?						
2000 and applicant office into contracted agreements other than those normal to the mediatry:						
If yes, provide details and copies of contracts:						
Does the insured have a written safety program in-force at this time?	☐ Yes ☐ No					

Schedule of Vessels to be insured: (attach separate sheet if necessary) Applicable Coverage:								
HULL DESCRIP		LENGTH	AGE	GRT	HULL	LIMIT HUL	L DED.	P&I
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
PROTECTION AND INDEMNIT	V COVERACE:				\$	\$		
Limit Required: \$		ductible: \$		# of crew t	o be covere	d excluding owner	s:	
POLLUTION LIMIT: (IF APPLIC	ABLE)					<u> </u>		
OPA: \$ BERTHING LOCATION OF VES		1						
BERTHING LOCATION OF VES	SSELS:							
EXPERIENCE OF VESSEL OPE	RATORS INCLUDING	ANY USCG LICENS	E INFO:					
SCHE	DULE OF EQUIPI	WENT TO BE INS	SURED: (ATTA	CH SEPARA	TE SHEET I	F NECESSARY)		
DE	SCRIPTION		AGE	МО	DEL	DEDUCTIBLE	L	IMIT
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
\$						\$		
Who is your current insura								
How long have you been in	-							
Has your insurance ever b	een cancelled or r	nonrenewed?	□ No □ Y	es If yes, ple	ase explain:			
Current Premiums (i.e. Dep	osit and Adjustme	nt rate):						
MCL Limit of Liability requir	red: \$							
S. E.abinty required. 7								
MCL deductible required: \$	<u> </u>							
Proposed date of attachment:								
Marine Comprehensive Liability, Hull, P&I and Pollution loss record prior five years (attach hard loss runs, Gross claim prior to deductible)								
DATE OF LOSS		DETAILS OF	LOSS		TOTAL AMO	OUNT OF DAMAGE	CURRE	NT STATUS
						OPEN	CLOSED	
					\$			
					\$			
					\$			
					\$			
					\$			

DESCRIBE YARD AND BUILDING FIRE PROTECTION:						
DESCRIBE YARD SECURITY:						
Are revenues generated from other than the marine operations described above? \square No \square Yes If yes, provide details:						
Does applicant use employee leasing set of yes, are there: Hold harmless/indemnity agreemed Waiver of subrogation? Are certificates of insurance obtained with the control of the contro		☐ No ☐ Yes ☐ Yes ☐ Yes	☐ No			
TO ARRANGE A YARD INSPECTION CONTACT:						
REMARKS	ADDRESS					PHONE NUMBER
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		COMPANYTITLE				DATE
PRODUCER SIGNATURE		COMPANYTITLE				DATE

Additional Comments:	