

OCEAN MARINE APPLICATION

Maritime Employer's Liability





OCEAN MARINE APPLICATION MARITIME EMPLOYER'S LIABILITY

This is not a Binder

Great American Insurance Company of New York
Great American Insurance Company

NAME OF APPLICANT			PRODUCER NAME AN	ND ADDRESS		
ADDRESS - NUMBER A	ND STREET		_			
CITY	STATE	ZIP				
NATURE OF BUSINESS	/DESCRIPTION OF MARITIME O	PERATIONS (INCLUDE APF	LICANTS LETTERHEAL	D AND, IF AVAILABLE, BUS	SINESS BROCHURE):	
DESCRIBE FULLY THE	NATURE OF THE APPLICANTS E	BUSINESS AND <u>ALL</u> MARIT	IME OPERATIONS:			
DESCRIBE ANY OPERA	ATIONS WHERE APPLICANT'S E	:MPLOYEES WORK ON OR	AROUND <u>VESSELS, OI</u>	L AND/OR GAS DRILLING	OR SERVICING OPERATIONS:	
	N, OPERATE, OR CHARTER OPE	RATE ANY WATERCRAFT?	☐ Yes ☐	No		
IF YES, FULL DETAILS/	EXPLAIN:					
IF "YES" DOES APPLIC	ANT HAVE SPECIFIC HULL AND	P&I COVERAGE?	Yes 🔲 No			
IF "YES". CARRIER: 1	HULL		P&I			
APPLICANT'S CURREN	IT AND PROJECTED PAYROLLS:					
	PRIOR	CURRE	ENT	PROJECTED	NUMBER OF EMPLOYEES	
GROSS UNLIMITED	\$	\$	\$			
CHOOC ONLINITED	Ψ	Ψ	Ψ			
WORKER'S COMP.	\$ ———	\$			_	
101/50 4.07	•	•	•			
JONES ACT	\$ ———	\$	\$			
USL&H	\$ —	\$	\$			
NUMBER OF MARITIME EMPLOYEES: TOTAL EXPOSED AT ANY ONE TIME:						
AVERAGE NUMBER OF OVERWATER DAYS FOR TOTAL WORK FORCE PER MONTH ON:						
FIXED PLATFORMS: JACK-UP RIGS/VESSELS:						

PRIOR CARRIER INFORMATION)N:						
	YEAR	YEAR	YEAR				
CARRIER:							
LIMIT:							
DEDUCTIBLE:							
PREMIUM:							
LOSS HISTORY (ENTER ALL	CLAIMS OR OCCURRENCES THAT MAY G	RIVE RISE TO CLAIMS FOR THE PAST 5 YEARS):					
DATE OF OCCURRENCE	DATE OF CLAIM	DESCRIPTION OF AMOUNT OCCURRENCE OF CLAIM RESER					
COVERAGE INFORMATION:	PROPOSED EFFECTIVE DATE:						
PRODUCER REMARKS:	DEDUCTIBLE REQUESTED: \$						
	•	er than a fixed permanent platform, that is capal es and similar structures are deemed to be wate	<u> </u>				
The premium charges and the conditions of this policy are based upon the information provided in this application. Any operational and/or physical changes in the nature of the insured's overwater operations during the policy period that materially changes or alters in any way the information contained in this application must immediately be advised to the underwriters. Any changes advised will be assessed by the underwriters to enable them to decide whether they are prepared to continue to provide this coverage and at what terms.							
This application is to be completed and signed by the insured.							
It is understood and agreed that this application forms part of the policy issued by this company and that underwriters shall rely on the information provided to determine acceptability, premium charge and coverage. It is further understood and agreed that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage or denial of any claim, if any.							
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:	
Additional Comments:	