



APPLICATION
 COMMERCIAL FISHING VESSEL

This is not a Binder

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

NAME OF APPLICANT/OWNER		PRODUCER NAME AND ADDRESS	
ADDRESS - NUMBER AND STREET			
CITY	STATE		
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: WHY IS INSURANCE BEING REPLACED?			
HAS ANY COMPANY EVER CANCELED OR NON-RENEWED INSURANCE FOR THE OWNER? <input type="checkbox"/> No <input type="checkbox"/> Yes 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE OF PRESENT POLICY	IF OUR QUOTATION IS ACCEPTED WHAT DATE SHALL POLICY ATTACH?	
ARE RECENT SURVEYS AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach copy to this application)			
HOME PORT:			
PERSON TO ARRANGE FOR SURVEY	ADDRESS	TELEPHONE NUMBER	
IS VESSEL OWNER-OPERATED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
GIVE BRIEF DESCRIPTION OF THE OPERATION AND EXPERIENCE OF THE PRINCIPALS			
NAVIGATION LIMITS REQUIRED			
DO THE VESSEL(S) MAINTAIN THE FOLLOWING ITEMS IN GOOD WORKING ORDER?			
Bilge alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil pressure alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auxiliary generators	<input type="checkbox"/> Yes <input type="checkbox"/> No	GPS	<input type="checkbox"/> Yes <input type="checkbox"/> No
First aid equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Winch guards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Survival suits	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN WAS VESSEL(S) LAST DRY DOCKED?			
WHERE?			
DESCRIBE WORK PERFORMED			
ADDITIONAL COVERAGES REQUESTED FOR QUOTATION			
<input type="checkbox"/> War <input type="checkbox"/> S.R.C.C. <input type="checkbox"/> 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	DEDUCTIBLE
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.				

Additional Comments: