



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.				

FIVE YEAR GROSS CLAIMS HISTORY (whether or not insured)

Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last five 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	COMPANY TITLE	DATE
PRODUCER SIGNATURE	COMPANY TITLE	DATE

Additional Comments: