

**APPLICATION
COMMERCIAL HULL**

This is not a Binder

- 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				
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what company?										
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 If yes, please attach copy to this application.										
GIVE A BRIEF DESCRIPTION OF THE OPERATION AND EXPERIENCE OF THE PRINCIPALS:				EXPERIENCE	NUMBER OF CREW EMPLOYEES	YEARS WITH APPLICANT	TOTAL YEARS EXPERIENCE			
				Captain						
				Engineers						
				Others						
WHO TOWS NON-PROPELLED VESSELS?			IS TOWER RELEASED FROM LIABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No							
DOES THE INSURED TOW VESSELS BELONGING TO OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No			IS THE INSURED RELEASED FROM LIABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No							
TYPE OF NON-PROPELLED VESSELS TOWED <input type="checkbox"/> Gasoline Barges <input type="checkbox"/> Petroleum Barges <input type="checkbox"/> Chemical Barges <input type="checkbox"/> Dry Cargo Barges <input type="checkbox"/> Other										
IF TUGS OR BARGES ARE TO BE INSURED, NUMBER OF BARGE IN ANY ONE TOW		AMOUNT OF GROSS RECEIPTS FROM TOWING OPERATION								
AVERAGE NUMBER	MAXIMUM NUMBER	\$								
WHAT NAVIGATION LIMITS ARE REQUIRED?										
IF SEASONAL OPERATION, STATE LAY-UP PERIOD										
FROM (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)		LAY-UP LOCATION						
WHERE CAN VESSELS BE SURVEYED?			PERSON TO CONTACT (NAME, AREA CODE - PHONE NUMBER)							
IF INSURED OWNS VESSELS THAT DO NOT APPEAR ON THE LIST, PLEASE DESCRIBE THEM										
WHY ARE THESE VESSELS NOT BEING OFFERED FOR INSURANCE AT THIS TIME?										

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					
PROTECTION AND INDEMNITY LIMIT DESIRED	TOTAL NUMBER IN CREW (ALL SHIFTS)	IS LIABILITY TO VESSELS AND CARGO IN TOW DESIRED?	CARGO CARRIED	DEDUCTIBLE REQUESTED	
				BODILY INJURY	PROPERTY DAMAGE
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
11.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
13.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

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
				\$		
				\$		
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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: