



Ocean Marine Division
65 Broadway
New York City, NY 10006

Ocean Cargo Application
This is not a Binder

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

Application Information

Name of Applicant _____
 Address - Number and street _____
 City _____ State _____
 Zip _____

Producer Name and Address:

Principal Trade/Business:

Number of Years Engaged in this Trade _____ Effective Date Requested for Insurance _____

List specific types of commodities to be insured (please be specific):

Commodity	Origin	Destination	Annual Value	% Air	% Vessel
A					
B					
C					
D					
E					

Total Annual Value of all Insured Shipments: _____

Comments:

Application Information *Continued*

Yes No

Describe the type/method of packing for each commodity listed above:

Name, address and telephone number for the arranging of inspections, packing and pre-shipment surveys:

Are goods containerized? **Partial**

Who packs the containers and where? _____

Are other goods consolidated with insured goods in the same container?

Location where container is unpacked: _____

Limits of Liability

Maximum Value Of A Shipping Package Or Unit: _____

Maximum Value Per Shipment:

Steamer (Under Deck): _____

Steamer (On Deck): _____

Aircraft: _____

Mail: _____

Other: _____

Named Locations for storage of goods. Please specify the purpose at each location (e.g., warehousing, repacking, processing or assembly.)

Name and Address	Year Built	Type of Construction	Security	Fire Protection	Purpose	Maximum Value Exposed

Insuring Conditions

Yes No

Coverage Requested:

- A/R
- FPA
- Other: _____

Shipments will be insured at invoice cost plus freight prepaid plus 10%, acceptable?

If no, Requested Valuation: _____

Other insurance coverages required:

- Strikes, Riots and Civil Commotion
- Warehouse/Storage
- Import Duty
- Domestic Transit
- War Risks
- Other: _____

Should quotation be offered with deductible?

If yes, amount per Bill of Lading: _____

Please complete with the latest five year insurance experience:

Year	Marine Premium	Total Amount of All Losses Claimed	Insuring Conditions

Comment on loss history (large loss, frequency of one cause, etc.)

Insuring Conditions Continued

Yes No

Has your marine insurance policy ever been cancelled?

If yes, company: _____

General comments or remarks (i.e. principal steamship line or airline used):

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 _____

Producer Signature _____

Company Title _____

Company Title _____

Date _____

Date _____

Additional Comments
