

**PASSENGER CARRYING VESSELS
POLICY**

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

This is not a Binder

NAME OF APPLICANT		PRODUCER NAME AND ADDRESS	
ADDRESS - NUMBER AND STREET			
CITY	STATE		
PRINCIPALS/OWNERS			
Loss Payee: Any loss under Hull Coverage is payable as interest may appear to the Policy Holder and:			
MORTGAGEE NAME AND ADDRESS		AMOUNT OF MORTGAGE	
General Information to be completed by Applicant			
OPERATORS (INCLUDING OWNER)			NUMBER OF YEARS EXPERIENCE OPERATING THIS TYPE OF VESSEL?
IS OPERATOR LICENSED BY THE U.S. COAST GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WHAT NAVIGATION LIMITS ARE DESIRED? (NAVIGATION BEYOND U.S. COAST GUARD LICENSE WILL NOT BE PERMITTED.)			
IF SEASONAL OPERATION, STATE LAY UP PERIOD			
FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	LAY-UP LOCATION	
WHERE CAN THE VESSELS BE SURVEYED?	PERSON TO CONTACT (NAME, AREA CODE - PHONE NUMBER)		
If Recent Survey Available, Please Attach.			
ARE VESSELS SCHEDULED TO MAKE MORE THAN ONE TRIP A DAY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DOES THIS VESSEL CARRY AUTOS OR CARGO? (IF YES, ADVISE NUMBER OF AUTOS OR DESCRIBE TYPE OF CARGO) <input type="checkbox"/> Yes <input type="checkbox"/> No			
IS LIQUOR SERVED OR SOLD ON BOARD? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain		ARE OTHER ALCOHOLIC BEVERAGES SERVED OR SOLD ON BOARD? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain	
DOES THIS PLACING INCLUDE ALL VESSELS OWNED OR OPERATED BY APPLICANT OR SUBSIDIARY COMPANIES? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain			
PRESENT INSURANCE CARRIER			
EXPIRATION DATE OF PRESENT POLICY (MONTH, DAY, YEAR)			
IS THE CAPTAIN THE OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF OUR QUOTATION IS ACCEPTABLE, WHAT DATE SHALL INSURANCE ATTACH? (MONTH, DAY, YEAR)			
PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR ENTIRE OPERATION			

HULL COVERAGE									
NAME OF VESSEL	YEAR	LENGTH	MATERIAL OF HULL	PROPULSION FUEL AND HORSEPOWER	TYPE OF VESSEL	FIRE EXTINGUISHER SYSTEM	GROSS REGISTERED TONS	AMOUNT OF INSURANCE DESIRED	DEDUCTIBLE
BUILDER									
1. _____									
2. _____									
3. _____									
4. _____									
5. _____									
6. _____									
7. _____									
8. _____									
9. _____									
10. _____									

PROTECTION AND INDEMNITY COVERAGE				
LIMIT OF LIABILITY	DEDUCTIBLE REQUESTED		MAXIMUM NUMBER OF PASSENGERS AUTHORIZED TO CARRY	NUMBER OF CREW (INCLUDING CAPTAIN)
	BODILY INJURY	PROPERTY DAMAGE		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Additional Comments: