



MONARCH E&S

INSURANCE SERVICESSM
Division of SPG Insurance Solutions, LLC

APPLICATION FOR OCEAN MARINE PROTECTION AND INDEMNITY

- 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			
Is this a new account to producer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not new, how many years has account been held? _____ years				
NUMBER OF YEARS APPLICANT IN BUSINESS	THIS OPERATION	PRIOR OPERATION	HAS APPLICANT AND/OR ANY AFFILIATES EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Policies				
HAVE P&I POLICIES FOR THE APPLICANT AND/OR AFFILIATE COMPANIES EVER BEEN CANCELLED OR NON-RENEWED BY UNDERWRITERS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				
NAME OF CURRENT P&I INSURER:			NUMBER OF YEARS INSURED BY CURRENT INSURER? _____ Years	
ARE ANY COVERAGES REQUESTED OTHER THAN THOSE IN THE BASIC P&I FORM? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				
Loss Prevention				
DOES THE APPLICANT MAINTAIN A FORMAL WRITTEN SAFETY AND LOSS CONTROL PROGRAM? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				
DOES APPLICANT MAINTAIN PRE-EMPLOYMENT PHYSICALS AND SUBSTANCE ABUSE SCREENING? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN WAS THIS PROGRAM FIRST PUT INTO EFFECT?				
DOES APPLICANT CONDUCT PRIOR EMPLOYMENT REVIEWS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				

Additional Comments: