

OCEAN MARINE PROTECTION AND INDEMNITY

Great American Insurance Company of New York
Great American Insurance Company

This is not a Binder

This is not a binder					
NAME OF APPLICANT		PRODUCER	NAME AND AD	DDRESS	
ADDRESS - NUMBER AND STREET					
CITY STATE	ZIP				
Is this a new account to producer?	es 🔲 No If not i	new, how many yea	rs has accou	unt been held?	years
		PRIOR OPERATION			
				→ No	
Current Policies HAVE P&I POLICIES FOR THE APPLICANT AND/OR	AFFILIATE COMPANIES	S EVER BEEN CANCEL	LED OR NON-	RENEWED BY UNDERWRITERS?	
☐ No ☐ 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?			
☐ No ☐ Yes If yes, please explain:					
Loss Prevention DOES THE APPLICANT MAINTAIN A FORMAL WRITT	EN CAFETY AND LOOK	O CONTROL BROOK	140		
□ No □ Yes If yes, please explain:	EN SAFETY AND LOS	S CONTROL PROGRAI	VI?		
res ir yes, piease explain:					
				Yes 🔲 No	
DOES APPLICANT MAINTAIN PRE-EMPLOYMENT PH WHEN WAS THIS PROGRAM FIRST PUT INTO EFFE		ANCE ABUSE SCREEN	IING?	Yes 🖵 No	
DOES APPLICANT CONDUCT PRIOR EMPLOYMENT	REVIEWS?				
☐ No ☐ Yes If yes, please explain:					

TOTAL NUMBER OF CREW ON PAYROLL?		MAXIMUM NUMBER OF CREW WORKING AT ANY ONE TIME?		
	TER OREWING ROOTIONS			
APPLICANT'S VESSELS. (PLEASE USE SEPARATE SH	TED CREWING POSITIONS. IEET IF NECESSARY):	, STATING DETAIL OF ANY LICENSES HELD BY THOSE P	ERSONS NAVIGATING	
	•			
NAME OF CREW MEMBER	ASSIGNED POSITION	LICENSES	VESSEL	
	155 51151 0V550 155 0V5	0.100 1.001 1.001 1.00		
DESCRIBE ANY CIRCUMSTANCES UNDER WHICH OTH	HER EMPLOYEES ARE ON B	OARD APPLICANT'S VESSELS:		
DECODIDE ANY OID OF INCTANCES UNDER WATER	IDD DADTVI DEDOCUME: A	DE ON DOADD ADDITION FOOT! O		
DESCRIBE ANY CIRCUMSTANCES UNDER WHICH "TH	IKU PAKTY" PERSONNEL AF	KE ON BOAKD APPLICANT'S VESSELS:		
IF VESSEL IS USED TO CARRY PASSENGERS, WHAT	IS U.S. COAST GUARD CER	TIFICATED CAPACITY?		

Please list all reported accidents for the previous seven years. This list must include ALL Closed Claims, including those closed without payment, and ALL accidents whether or not an "Estimate Of Loss? has been established. (Note: All figures should contain legal fees and expenses.) This information must be reported for ALL vessels operated by the insured and/or affiliated companies for the previous SEVEN years, whether or not the vessels appear on the attached schedule. Please list All accidents by each policy year: CREW INJURY **CLAIM STATUS** DATE OF PAID RESERVE **VESSEL NAME DETAIL OF ACCIDENT** LOSS AMOUNT **AMOUNT** OPEN CLOSED YES NO

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	COMPANYTITLE	DATE
PRODUCER SIGNATURE	COMPANYTITLE	DATE

Additional	Comments:
Additional	Comments.