

**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	ZIP	
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
<b>Current Policies</b>			
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:			
<b>Loss Prevention</b>			
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:			

TOTAL NUMBER OF CREW ON PAYROLL?	MAXIMUM NUMBER OF CREW WORKING AT ANY ONE TIME?
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PLEASE SPECIFY CREW NAMES AND THEIR APPOINTED CREWING POSITIONS, STATING DETAIL OF ANY LICENSES HELD BY THOSE PERSONS NAVIGATING APPLICANT'S VESSELS. (PLEASE USE SEPARATE SHEET IF NECESSARY):

NAME OF CREW MEMBER	ASSIGNED POSITION	LICENSES	VESSEL

DESCRIBE ANY CIRCUMSTANCES UNDER WHICH OTHER EMPLOYEES ARE ON BOARD APPLICANT'S VESSELS:

DESCRIBE ANY CIRCUMSTANCES UNDER WHICH "THIRD PARTY" PERSONNEL ARE ON BOARD APPLICANT'S VESSELS:

IF VESSEL IS USED TO CARRY PASSENGERS, WHAT IS U.S. COAST GUARD CERTIFICATED 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:

VESSEL NAME	DATE OF LOSS	DETAIL OF ACCIDENT	CREW INJURY		PAID AMOUNT	RESERVE AMOUNT	CLAIM STATUS	
			YES	NO			OPEN	CLOSED

**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:**