



# **OCEAN MARINE APPLICATION**

## **Marine Commercial Liability Wharfingers Supplemental Information**





MARINE COMMERCIAL LIABILITY  
 SUPPLEMENTAL INFORMATION FOR  
 WHARFINGERS

This is not a Binder

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

NAME OF APPLICANT		PRODUCER NAME AND ADDRESS	
ADDRESS - NUMBER AND STREET			
CITY	STATE	ZIP	
PHONE NUMBER	NUMBER OF YEARS IN BUSINESS	NUMBER OF YEARS UNDER CURRENT MGMT.	
LOCATION(S)			
A. _____			
B. _____			
C. _____			
MAXIMUM DRAFT OF VESSELS CALLING			
WATER DEPTH		NUMBER OF BERTHS	
DISTANCE TO NEXT DOCK			
_____ Miles upstream		_____ Miles downstream	
DISTANCE TO NEAREST BRIDGE OR LOCK			
_____ Miles upstream		_____ Miles downstream	
TYPE OF VESSELS HANDLED (INDICATE NUMBER PER YEAR)			
Ocean Vessels: Dry Cargo _____ Tankers _____			
Barges: Dry Cargo _____ Tank _____ Other _____			
ANNUAL NUMBER OF DOCKINGS LAST 5 YEARS			
Year _____	Number _____	Year _____	Number _____
Year _____	Number _____	Year _____	Number _____
AVERAGE VALUE OF VESSELS		AVERAGE LENGTH OF STAY	
ARE VESSELS INSPECTED AND SIGNED FOR WHEN PICKED UP AND DELIVERED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
VESSELS ARE MOVED BY			
<input type="checkbox"/> Hand <input type="checkbox"/> Power Winch <input type="checkbox"/> Other			
DESCRIBE MOORING FACILITIES, INCLUDING TYPE OF MOORINGS			
DESCRIBE FULLY THE NATURE AND EXTENT OF ALL WATERBORNE TRAFFIC PASSING THE FACILITY			
WHO IS RESPONSIBLE FOR MOORING VESSELS AT YOUR FACILITY?			
DESCRIBE LOADING AND UNLOADING EQUIPMENT INCLUDING TYPE, CAPACITY AND POWER			
DESCRIBE YOUR PROCEDURES IN THE EVENT OF A BREAKAWAY			
NUMBER OF HOURS WATCHMAN IS ON DUTY	IS CLOCK PUNCHED?	IS FACILITY LIGHTED?	FENCED?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE PUBLIC ACCESS			

ARE FUELING SERVICES PROVIDED? <input type="checkbox"/> Yes <input type="checkbox"/> No    Types of fuel handled _____			
WHO IS RESPONSIBLE FOR BILGE INSPECTION AND PUMPING IF NEEDED?			
IS THERE A MUNICIPAL OR VOLUNTEER FIRE DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, kind: <input type="checkbox"/> Municipal _____ miles <div style="text-align: right;"><input type="checkbox"/> Volunteer _____ miles</div>			
NUMBER OF FIRE HYDRANTS AT YOUR FACILITY?			
NO. OF FIRE EXTINGUISHERS AT YOUR FACILITY?	KIND	SIZE	
WHO IS YOUR CURRENT INSURANCE CARRIER?		HOW LONG INSURED BY THEM?	
HAS YOUR INSURANCE EVER BEEN CANCELLED? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, why and by whom? _____			
LIMIT OF LIABILITY REQUESTED		DEDUCTIBLE	
IF OUR QUOTATION IS ACCEPTED, WHAT IS THE DATE OF ATTACHMENT?			
CURRENT PREMIUMS (I.E. MINIMUM & DEPOSIT AND ADJUSTMENT RATE)?			
ARE REVENUES GENERATED FROM OTHER THAN THE MARINE OPERATIONS DESCRIBED ABOVE? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide details: _____			
LIST ALL LOSSES DURING THE LAST 5 YEARS (AMOUNTS SHOULD INCLUDE DEDUCTIBLE)			
Date of Loss	Amount Paid	Amount Outstanding	Description of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
PERSON TO CONTACT FOR YARD INSPECTION			
NAME	ADDRESS	PHONE NUMBER	
REMARKS. <i>If you need additional space, please use attached comments page.</i>			
<p><b>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.)</b></p> <p>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.</p>			
APPLICANT SIGNATURE		COMPANY TITLE	DATE
PRODUCER SIGNATURE		COMPANY TITLE	DATE

**Additional Comments:**