



Ocean Marine Division
65 Broadway
New York City, NY 10006

Vessel Pollution Liability Application

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

Application Information

Yes No

Name of Applicant _____

Address - Number and street _____

City _____ State _____ Zip _____

Producer Name and Address

Year Built	Vessel Name	USCG Doc #/State Reg #	Const./Type	Double Hull	Single Hull	GRT	Fuel Capacity
1.				<input type="checkbox"/>	<input type="checkbox"/>		
2.				<input type="checkbox"/>	<input type="checkbox"/>		
3.				<input type="checkbox"/>	<input type="checkbox"/>		
4.				<input type="checkbox"/>	<input type="checkbox"/>		
5.				<input type="checkbox"/>	<input type="checkbox"/>		

(If more than 5 vessels, please attach vessel schedule)

Description of Operations:

Navigation Limits:

Owned vessels tank barges/vessels?

If yes, products carried: _____

Does applicant tow tank barges vessels?

If yes, what is the capacity of towed barges/vessels?

- <10,000 gal >10,000 gal

Applicant Information Continued

Yes **No**

Do any of the schedules vessel(s) require a USCG Certificate of Financial Responsibility?

If yes, please identify vessel(s):

Current Carrier: _____ Expiring premium: _____

Hull/P&I/Pollution loss history (last 5 years as respects all vessels owned, operated or chartered):

Current P&I Carrier: _____ Current P&I Form: _____

P&I Limit: _____ Current P&I Form: _____

Limit Requested: _____ Proposed Effective Date: _____

Producer Remarks:

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 _____ **Producer Signature** _____

Company Title _____ **Company Title** _____

Date _____ **Date** _____

Additional Comments: