



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

Do Any Vessels operate in Alaska? (Identify)	<input type="checkbox"/>	<input type="checkbox"/>
Owned vessels tank barges/vessels?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, products carried: _____		
Does applicant tow tank barges vessels?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the capacity of towed barges/vessels?		
<input type="checkbox"/> <10,000 gal <input type="checkbox"/> >10,000 gal		
Are any of the scheduled vessels on port risk for 3 or more years (Identify)	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Information *Continued*

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

Yes **No**

If yes, please identify vessel(s):

Current Carrier _____

Expiring premium _____

Hull/P&I/Pollution loss history (last 5 years as prospects 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