



## Commercial Hull 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

Loss payee: any loss under hull coverage is payable as interest may appear to the policy holder and:

Mortgagee Name and Address

Present insurance carrier of vessels \_\_\_\_\_

Why is insurance being replaced? \_\_\_\_\_

Has any company ever canceled or non-renewed insurance for the owner?

☐☐

If yes, what company? \_\_\_\_\_

Do you place current insurance as agent of record?

☐☐

Expiration date of present policy: \_\_\_\_\_

If our quotation is accepted what date shall policy attach? \_\_\_\_\_

Are recent surveys available?

☐☐

If yes, please attach copy to this application.

Give a brief description of the operation and experience of the principals:

Application Information *Continued*

Yes No

Experience	Number of Crew Employees	Years with Applicant	Total Years Experience
Captain			
Engineers			
Others			

Who tows non-propelled vessels? \_\_\_\_\_

Is tower released from liability? ☐ Yes ☐ No

Does the insured tow vessels belonging to other? ☐ Yes ☐ No

Is the insured released from liability? ☐ Yes ☐ No

Type of non-propelled vessels towed:

☐ Gasoline Barges    ☐ Petroleum Barges    ☐ Chemical Barges    ☐ Dry Cargo Barges    ☐ Other

If tugs or barges are to be insured, number of barge in any one tow:

Average Number: \_\_\_\_\_

Maximum Number: \_\_\_\_\_

Amount of gross receipts from towing operation: \_\_\_\_\_

What navigation limits are required? \_\_\_\_\_

**If Seasonal Operation, State Lay-Up Period**

From (month, day, year) \_\_\_\_\_

To (month, day, year) \_\_\_\_\_

Lay-up location \_\_\_\_\_

Where can vessels be surveyed? \_\_\_\_\_

Person to contact (name, area code–phone number) \_\_\_\_\_

If insured owns vessels that do not appear on the list, please describe them:

Why are these vessels not being offered for insurance at this time?

Full Coverage

Name of Vessel	Builder	Year	Length and Beam	Material of Hull	Propulsion Fuel and Horsepower	Type of Vessel	Amount Insurance Desired	Deductible

Protection and Indemnity Coverage

Protection and Indemnity Limit Desired	Total Number in Crew (All Ships)	Is Liability to Vessels and Cargo in Tow Desired?		Cargo Carried	Deductible Requested	
		Yes	No		Bodily Injury	Property Damage
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

## Five Year Gross Claims History (whether or not insured)

Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last five years on all vessels owned or operated by the insured including vessels sold or lost.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amount of Claim or Loss Before Any Deductible	Current Status	
					Open	Closed
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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:

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.)

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