



Commercial Hull Application

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

Application Information

Yes	No
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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? <input type="checkbox"/> <input type="checkbox"/>				
Does the insured tow vessels belonging to other? <input type="checkbox"/> <input type="checkbox"/>				
Is the insured released from liability? <input type="checkbox"/> <input type="checkbox"/>				
Type of non-propelled vessels towed:				
<input type="checkbox"/> Gasoline Barges <input type="checkbox"/> Petroleum Barges <input type="checkbox"/> Chemical Barges <input type="checkbox"/> Dry Cargo Barges <input type="checkbox"/> 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

Protection and Indemnity Coverage

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.

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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