



Ocean Marine Division
65 Broadway
New York City, NY 10006

Passenger Carrying Vessels Policy 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 _____

Principals/Owners: _____

Producer Name and Address _____

Mortgagee Name and Address

Amount of Mortgage

General Information to be Completed by Applicant

Yes No

Operators (Including Owner) _____

Number of years experience operating this type of vessel? _____

Is the operator licensed by the U.S. Coast Gaurd? Yes No

What natigation limits are desired? (Navigation beyond U.S. Coast Guard license will not be permitted.) _____

If Seasonal Operation, State Lay Up Period	Yes	No
From (month, day, year) _____		
To (month, day, year) _____		
Lay-up location _____		
Where can vessels be surveyed? _____		
If recent survey available, please attach.		
Person to contact (name, area code-phone number) _____		
Are vessels scheduled to make more than one trip a day?	<input type="checkbox"/>	<input type="checkbox"/>
Does this vessel carry autos or cargo?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , advise number of autos or describe type of cargo: _____		
Is liquor served or sold on board?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
Are other alcoholic beverages served or sold on board?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
Does this placing include all vessels owned or operated by applicant or subsidiary companies?	<input type="checkbox"/>	<input type="checkbox"/>
If no , explain: _____		
Present Insurance Carrier: _____		
Expiration Date of Present Policy (Month, Day, Year): _____		
Is the captain the owner?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a detailed description of your entire operation:		

Full Coverage

Name of Vessel and Builder	Year	Length Hull	Material of Horsepower	Propulsion Fuel and Vessel	Type of System	Fire Extinguisher Tons	Gross Registered Desired	Amount of Insurance	Deductible

Protection and Indemnity Coverage

Limit of Liability	Deductible Requested Bodily Injury	Deductible Requested Property Damage	Maximum Number of Passengers Authorized to Carry	Number of Crew (Including Captain)

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

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: