



## Passenger Carrying Vessels Policy 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 \_\_\_\_\_

Principals/Owners: \_\_\_\_\_

Producer Name and Address

Mortgagee Name and Address

Amount of Mortgage

### General Information to be Completed by Applicant

Yes	No
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Operators (Including Owner)

Number of years experience operating this type of vessel? \_\_\_\_\_

Is the operator licensed by the U.S. Coast Guard?

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

# PASSENGER CARRYING VESSELS POLICY APPLICATION

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:		

# PASSENGER CARRYING VESSELS POLICY APPLICATION

## 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)

# PASSENGER CARRYING VESSELS POLICY APPLICATION

## 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"/>
					<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: