



Ocean Marine Division
65 Broadway
New York City, NY 10006

Protection and Indemnity 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 _____

Is this a new account to producer? Yes No

If not, how many years has account been held? _____

Number of years applicant in business _____

This Operation _____ Prior Operation _____

Current Policies

Yes No

Have P&I Policies for the applicant and/or affiliate companies ever been cancelled or non-renewed by underwriters? Yes No

If yes, explain:

Name of current P&I insurer: _____

Number of years insured by current insurer? _____

Are any coverages requested other than those in the basic P&I form? Yes No

If yes, explain:

Loss Prevention

Yes No

Does the applicant maintain a formal written safety and loss control program?

If yes, please explain:

Does applicant maintain pre-employment physicals and substance abuse screenings?

If yes, when was this program first put into effect?

Does applicant conduct prior employment reviews?

If yes, please explain:

Total number of crew on payroll? _____

Maximum number of crew working at any one time? _____

Please specify crew names and their appointed crewing positions, stating detail of any licenses held by those persons navigating applicant's vessels. (Please use separate sheet if necessary):

Name of Crew Member

Assigned Position

Licenses

Vessel

Name of Crew Member	Assigned Position	Licenses	Vessel

Describe any circumstances under which other employees are on board applicant's vessels:

Describe any circumstances under which "third party" personnel are on board applicant's vessels:

If vessel is used to carry passengers, what is the U.S. Coast Guard certificated capacity?

Additional Comments: