

Ocean Marine Division 65 Broadway New York City, NY 10006

Protection and Indemnity Application

☐ Great Ar	nerican Insurance Company of New York		
☐ Great Ar	nerican Insurance Company		
□			
Application Infor	nation	Yes	No
Name of Applica	nt		
Address - Numb	er and street		
City	State		
Zip			
Principals/Owne	rs		
Producer Name a	nd Address		
Is this a new acco	ount to producer?		
If not, how many	vears has account been held?		
	applicant in business		
This Operation _	Prior Operation		
	Prior Operation		
This Operation _ Current Policies	Prior Operation	Yes	No
Current Policies	Prior Operation s for the applicant and/or affiliate companies ever been cancelled or non-renewed		
Current Policies Have P&I Policies		Yes	No
Current Policies Have P&I Policies by underwriters?		Yes	No
Current Policies Have P&I Policies by underwriters?		Yes	No
Current Policies Have P&I Policies by underwriters?		Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain:	s for the applicant and/or affiliate companies ever been cancelled or non-renewed	Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain:		Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain:	s for the applicant and/or affiliate companies ever been cancelled or non-renewed	Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain: Name of current Number of years	s for the applicant and/or affiliate companies ever been cancelled or non-renewed	Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain: Name of current Number of years	s for the applicant and/or affiliate companies ever been cancelled or non-renewed P&I insurer:	Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain: Name of current Number of years Are any coverage	s for the applicant and/or affiliate companies ever been cancelled or non-renewed P&I insurer:	Yes	No
Current Policies Have P&I Policies by underwriters? If yes, explain: Name of current Number of years Are any coverage	s for the applicant and/or affiliate companies ever been cancelled or non-renewed P&I insurer:	Yes	No

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PROTECTION AND INDEMNITY APPLICATION

Loss Prevention			Yes	No
Does the applicant maintain a f				
If yes, please explain:				
Does applicant maintain pre-en	nployment physicals and subst	ance abuse screenings?		
If yes, when was this program fi	rst put into effect?			
Does applicant conduct prior e	mployment reviews?			П
If yes, please explain:	, ,		_	_
Total number of crew on payroll	?			
Maximum number of crew work				
	nd their appointed crewing posi s vessels. (Please us separate s		censes help by those	
Name of Crew Member	Assigned Position	Licenses	Vessel	
	7.001giiou i ooilioii	2.00.1000		
Describe any circumstances un	der which other employees are	on board applicant's vessels:		
200000 a, 000				
Dosoribo any circumstances un	dor which "third party" paraonne	ol are on board applicant's ve	pecole:	
Describe any circumstances un	der which third party personing	erare on board applicant's ve	:55615.	
Margaret in word to				
If vessel is used to carry passen				

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Loss Prevention, Continued

Please list all reported accidents for the previous seven years. This list must include ALL Closed Claims, including those closed without payment, and ALL accidents whether or not an "Estimate Of Loss? has been established. (Note: All figures should contain legal fees and expenses.) This information must be reported for ALL vessels operated by the insured and/or affiliated companies for the previous SEVEN years, whether or not the vessels appear on the attached schedule.

Vessel Name	Date of Loss	Detail of Accident	Crew I Yes	njury No	Paid Amount	Reverse Amount	Claim Yes	Status No

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

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Additional Comments:		

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