



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:	<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant maintain pre-employment physicals and substance abuse screenings? If yes, when was this program first put into effect?	<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant conduct prior employment reviews? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>	
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
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?			

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.

Please list All accidents by each policy year:

Vessel Name	Date of Loss	Detail of Accident	Crew Injury		Paid Amount	Reverse Amount	Claim Status	
			Yes	No			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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: