



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?

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?

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?

If yes, explain:

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Loss Prevention	Yes	No	
Does the applicant maintain a formal written safety and loss control program?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please explain:			
Does applicant maintain pre-employment physicals and substance abuse screenings?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, when was this program first put into effect?			
Does applicant conduct prior employment reviews?	<input type="checkbox"/>	<input type="checkbox"/>	
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
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:

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: