Piers & Docks Application
This is not a Binder

☐ 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 _____

Producer Name and Address:

Mortgagee name and address:

Present insurance carrier? Why is insurance being replaced?

Has any company ever canceled or non-renewed insurance for the owner?   ☐   ☐
If yes, what company? _____

Did you place current insurance as agent of record?   ☐   ☐

Expiration date of present policy: _____

If our quotation is accepted, what date shall policy attach? _____

Give a brief description of the operation and the experience of principals, including years in business at this location:

How many miles to the nearest fire station? _____
☐   Paid   ☐   Volunteer

Application Information *Continued*   **Yes**   **No**

Watchman service provided?   ☐   ☐
If yes, explain type of service:

Are any of the piers/docks removed for winter?   ☐   ☐
If yes, state which pier/dock and where they are stored:

If seasonal operation, state lay-up period:
From: _____   To: _____

Lay-up location: _____

When can location be inspected? _____

Person to contact (name, area code, phone number):

When were pilings last inspected: _____
When were pilings last replaced? _____

Brief description of maintenance program:

Application Information *Continued*

Sketch or diagram must be attached to this application

	Description of Dock/Pier	Year Built	Type of Construction	Fixed or Floating	Requested Insurance Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

	Estimated Replacement Value	Requested Deductible	Fuel Pump: Yes	No	Electricity: Yes	No	Other Services Provided to Boats	Roofs, Awnings or Open
1.			☐	☐	☐	☐		
2.			☐	☐	☐	☐		
3.			☐	☐	☐	☐		
4.			☐	☐	☐	☐		
5.			☐	☐	☐	☐		
6.			☐	☐	☐	☐		
7.			☐	☐	☐	☐		
8.			☐	☐	☐	☐		
9.			☐	☐	☐	☐		
10.			☐	☐	☐	☐		
11.			☐	☐	☐	☐		
12.			☐	☐	☐	☐		
13.			☐	☐	☐	☐		

Application Information *Continued*

Five year gross claims history (whether insured or not). List claims or losses sustained during the last five years on all piers/docks owned or operated by the insured:

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amount of Claim or Loss Before Any Deductible	Current Status Open	Closed
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
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					☐	☐
					☐	☐
					☐	☐
					☐	☐

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 _____

Company Title _____

Date _____

Producer Signature _____

Company Title _____

Date _____

Additional Comments