



Application Commercial Fishing Vessel

This is not a Binder

☐ Great American Insurance Company of New York

☐ Great American Insurance Company

☐ _____

Application Information

Yes

No

Name of Applicant/Owner _____

Address - Number and Street _____

City _____ State _____ Zip _____

Producer Name and Address

Loss Payee: any loss under hull coverage is payable as interest may appear to the policy holder and

Mortgagee Name and Address

O/S Mortgage Amount \$ _____

Term _____

Present insurance carrier of vessels? Great American

Why is insurance being replaced?

Has any company ever canceled or non-renewed insurance for the owner?

☐

☐

If yes, what company? _____

List other vessels owned or partly owned by applicant not insured under this insurance

Did you place current insurance as agent of record?

☐

☐

Expiration date of present policy _____

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

Are recent surveys available? *(Please attach copy to this application)*

☐

☐

Home Port

Yes

No

Person to arrange for survey _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Is vessel owner-operated?

☐☐

Give a brief description of the operation and the experience of principals

Navigation limits required \$ _____

Do the vessel(s) maintain the following items in good working order?

	Yes	No		Yes	No
Bilge alarms	<input type="checkbox"/>	<input type="checkbox"/>	Oil pressure alarms	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary generators	<input type="checkbox"/>	<input type="checkbox"/>	GPS	<input type="checkbox"/>	<input type="checkbox"/>
First aid equipment	<input type="checkbox"/>	<input type="checkbox"/>	Winch guards	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Survival suits	<input type="checkbox"/>	<input type="checkbox"/>

When was vessel(s) last dry docked? _____

Where? _____

Describe work performed

Additional coverages requested for quotation

☐ War☐ S.R.C.C.☐ Maintenance and cure on owner/operator

Hull Coverage

Name of Vessel	Builder	Year	Length and Beam	Material of Hull	Propulsion, Fuel and Horsepower	Type of Vessel	Amount Insurance Desired	Deductible
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								

Protection and Indemnity Coverage

Limit of Liability Desired	Total Crew Employed (Ex Owner)	Deductible Requested		
		Number Licensed	Bodily Injury	Property Damage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Additional Comments