



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

Bilge alarms Oil pressure alarms Auxiliary generators GPS First aid equipment Winch guards Fire extinguishers Survival suits

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)	Number Licensed	Deductible Requested	
			Bodily Injury	Property Damage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Five Year Gross Claims History (whether or not insured)

Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last five years on all vessels owned or operated by the insured including vessels sold or lost.

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