



Ocean Marine Division
65 Broadway
New York City, NY 10006

Shiprepairer's Legal Liability

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

Location of Yards

A. _____

B. _____

C. _____

Present Insurance Carrier _____

Reason Being Replaced _____

Producer Current Agent of Record Yes No

Current Premium \$ _____

Requested Attachment Date _____

Limit \$ _____ Deductible \$ _____

Nature of Repair Operations

Years In Business _____ No. of Vessels Repaired Last 12 Months? _____

Gross Revenues Last 12 Months

Commercial \$ _____ Naval \$ _____

Gross Revenues Next 12 Months

Commercial \$ _____ Naval \$ _____

Gas Freeing Operations? Yes No

If yes, state how often: _____ per month

Is repair work subcontracted? Yes No

If yes, is hold harmless or waiver or subrogation secured? Yes No

Type and percentage of work subcontracted?

Application Information *Continued*

Yes No

Does applicant operate vessels, dry-docks, marine railways or graving docks?
If yes, please explain:

Vessels repaired, Maximum Value \$ _____ Average Value \$ _____
 State type and size of Vessels:

Number of Vessels in Yard at any one time, Maximum _____ Average _____

Repair Work Performed From Principal Location:

Location _____ Revenues \$ _____

Location _____ Revenues \$ _____

Location _____ Revenues \$ _____

Is there any building, rebuilding or vessel conversions?
If yes, please explain:

List contractual agreements of the applicant other than standard industry repair contracts:

Describe yard fire protection:

Describe yard security:

If there are any revenues derived from operations other than marine repair, please state type and amount:

Liability Claims / Losses

List all Liability Claims or losses (whether or not insured) sustained during the last five years on all operations.

Type of Loss	Date	Location of Accident	Details	Gross Amount Before Any Deductible	Current Status	
					Open	Closed
					<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Person To Contact For Yard Inspection

Name _____ Address _____
 City _____ State _____ Zip _____
 Phone Number _____

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 _____

Producer Signature _____

Company Title _____

Company Title _____

Date _____

Date _____

Additional Comments