



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

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?

If yes, state how often: _____ per month

Is repair work subcontracted?

If yes, is hold harmless or waiver or subrogation secured?

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.

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
