



## 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

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☐

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?

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☐

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.

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"/>

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 \_\_\_\_\_

Company Title \_\_\_\_\_

Date \_\_\_\_\_

Producer Signature \_\_\_\_\_

Company Title \_\_\_\_\_

Date \_\_\_\_\_

Additional Comments