



Protection Indemnity for Non-Owned Vessels Application

- ☐ 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

Is this a new account to producer?

☐☐

If not, how many years has account been held? _____

Number of years applicant in business _____

This Operation _____ Prior Operation _____

Has applicant and/or any affiliates ever been involved in bankruptcy proceedings?

☐☐

Nature/Description of Business:

Description of Maritime Operations:

Do employees work on or around offshore oil or gas drilling or servicing?

☐☐

If yes, please describe:

Does applicant own, operate, charter any water craft?

☐☐

If yes, please describe:

Applicant Information *Continued*

Yes

No

Annual Payrolls	Current Year	Projected Year	Number of Employees
1. Gross Unlimited			
2. Workers' Compensation			
3. Jones Act			
4. U.S.L. & H.			

Number of maritime employees:

Total: _____ Any one time: _____

Do employees keep any tools on board any water craft or rig?

☐☐

If yes, please describe:

Are there any diving operations?

☐☐

If yes, please describe:

NOTE: Diving operations are excluded in its entirety on this policy form.**Requested Insurance**

1. Effective Date	
2. Limit	
3. Deductible	

Prior Carriers

1. Year					
2. Carrier					
3. Limit					
4. Deductible					
5. Premium					

Application Information Continued

Please list all reported accidents for the previous seven years. This list must include ALL Closed Claims, including those closed without payment, and ALL accidents whether or not an "Estimate Of Loss" has been established. (Note: All figures should contain legal fees and expenses.)

The above information must be reported for ALL maritime operations of the insured and/or affiliated companies, whether or not operations have been discontinued.

Please list All accidents by each policy year.

Claimant/Vessel Name	Date of Loss	Detail of Accident	Paid Amount	Reserve Amount	Claim	
					Open	Close
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Producer 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: