



Ocean Marine Division
65 Broadway
New York City, NY 10006

Bumbershoot Application

This is not a Binder

- Great American Insurance Company of New York
- Great American Insurance Company
- _____

Application Information

Name of Applicant _____

Address - Number and Street _____

City _____ State _____ Zip _____

- Corporation Partnership Individual

Producer Name and Address

List all affiliated companies (domestic or foreign)

Company and Affiliated Companies Information

| Name of Entity | Description of Operations | Areas of Activity | Years In Business |
|----------------|---------------------------|-------------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

| Name of Entity | Estimated Gross Revenues | Estimated Payroll | No. of Employees |
|----------------|--------------------------|-------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Non-Marine Exposures

(List all premises occupied but NOT OWNED by the applicant with value in excess of \$25,000)

| Description | % Occupied | Estimated Value | 80% Building Fire Rate |
|-------------|------------|-----------------|------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

Personal property in applicant's care, custody or control where values exceed \$25,000:

Contractual Liability *(Give details of written agreements other than those automatically covered by M & C Policy)*

Products' Liability *(List Products)*

Manufactured Sold Distributed

Professional Liability Malpractice *(Give details of any activities which might involve malpractice and/or errors and omissions exposures)*

Railroad Operations *(Give details of any railroads owned, maintained or operated by applicant)*

Automobile Exposure

Yes No

| Type | Number | Operating Radius | Cargoes Carried | State Licensed |
|-------------------|--------|------------------|-----------------|----------------|
| Trucks | | | | |
| Tractors | | | | |
| Trailers | | | | |
| Tankers | | | | |
| Vans & Pickups | | | | |
| Private Passenger | | | | |

List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc.)

Are flammables and/or explosive substances carried? Yes No

Workers' Compensation

Yes No

| | | |
|---|--------------------------|--------------------------|
| Is statutory workers' if not, compensation carried? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is applicant a qualified self-insurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is any excess workers' comp. Insurance carried? | <input type="checkbox"/> | <input type="checkbox"/> |
| What is employer's liability policy limit? | <input type="checkbox"/> | <input type="checkbox"/> |
| What is marine employer's liability policy limit? | <input type="checkbox"/> | <input type="checkbox"/> |

Aircraft Exposure

Describe Owned Aircraft

Describe Leased Or Chartered Aircraft

Advertising Exposure

Yes No

| | | |
|-----------------------------------|--------------------------|--------------------------|
| Describe Methods and Expenditures | | |
| Is an advertising agency used? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the internet used? | <input type="checkbox"/> | <input type="checkbox"/> |

Marine Exposures Continued

Yes No

Describe below any shipbuilding, shiprepairing, or barge cleaning operation of the applicant.

| Location | Type of Operation | Gross Receipts | | |
|----------|-------------------|----------------|--|--|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

Does the applicant engage in any gas freeing? Yes No

Gross receipts \$ _____

If yes, describe:

Does the applicant have exposure under the longshoreman's and harbor workers act? Yes No

If yes, describe:

| No. of Employees | Payroll, If Any | Type of Work Performed |
|------------------|-----------------|------------------------|
| | | |
| | | |
| | | |

Blasting and/or Explosives

Yes No

Vessel operations does the applicant ever charter or lease vessels? Yes No
(If yes, complete schedule on next page)

Does the applicant own, operate or charter any private pleasure craft? Yes No

If yes, describe:

Schedule of Underlying Insurance (List all Liability and Compensation Policies to apply as underlying insurance)

Non-Marine Exposures

| Type of Insurance | Insurance Company | Policy Number | Policy Period | Limits | | Premium |
|-----------------------|-------------------|---------------|---------------|--------|------|---------|
| | | | | B.I. | P.D. | |
| General Liability* | | | | | | |
| Products Liability | | | | | | |
| Auto Liability | | | | | | |
| Workers' Compensation | | | | | | |
| Other (Specify) | | | | | | |

*Is General Liability on a claims made or occurrence basis? _____

Marine Exposure

| Type of Insurance | Insurance Company | Policy Number | Policy Period | Policy Limits | Premium |
|--------------------------|-------------------|---------------|---------------|---------------|---------|
| Hull & Machinery | | | | \$ | \$ |
| Protection and Indemnity | | | | \$ | \$ |
| Collision/Towers | | | | \$ | \$ |
| Third-Party Pollution | | | | \$ | \$ |
| Bailee (Specify) | | | | \$ | \$ |
| Shiprepairers | | | | \$ | \$ |
| Other (Specify) | | | | \$ | \$ |

Do all above policies apply to all companies or operations? Yes No

If no, state explanations:

Schedule of Underlying Insurance *Continued*

(List all Liability and Compensation Policies to apply as underlying insurance)

Yes No

Has any coverage stated above been cancelled or nonrenewed within the last five years?

If yes, state coverage and the reason for cancellation or nonrenewal:

| Coverage | Reason For Cancellation Or Nonrenewal |
|----------|---------------------------------------|
| | |
| | |
| | |
| | |
| | |

Limits Required Self-Insured Retention: \$25,000 \$50,000 Other \$ _____

IMPORTANT: Are there any unusual or nonstandard exclusions in the above policies which would materially affect consideration of the risk?

If yes, give details:

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
