



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"/>

Blasting and/or Explosives**Yes****No**

Does applicant do any blasting or use explosives?

☐☐

If yes, explain:

Non-Marine Liability Losses (5-year history – over \$25,000)

(If more space is needed, please use separate sheet)

Date of Loss	Description	Paid	Outstanding
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Marine Exposures

List below any landing, pier, wharf or dock leased or operated by the applicant where nonowned vessels come under the care, custody or control of the applicant.

Location	Type of Vessel	Estimated Annual Vessel Days	Type of Operation	Estimated Gross Receipts

Describe below any marine terminal or stevedore operation of the applicant.

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

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?

☐☐

Gross receipts \$ _____

If yes, describe:

Does the applicant have exposure under the longshoreman's and harbor workers act?

☐☐**If yes**, describe:

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

Blasting and/or Explosives**Yes****No**

Vessel operationsdoes the applicant ever charter or lease vessels?

☐☐*(If yes, complete schedule on next page)*

Does the applicant own, operate or charter any private pleasure craft?

☐☐**If yes**, describe:

Blasting and/or Explosives *Continued*

Schedule all commercial vessels the applicant owns, leases, charters or operates.
(If more space is needed, please use separate sheet.)

Name	Type, Size, Year Built	Crew	H & M Value	Primary Limits	
				P & I	Coll/Towers
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Marine Liability Losses - Whether or Not Insured (5-year history – over \$25,000)

Date of Loss	Description	Amount Paid		Outstanding
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

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