



Builder's Risk
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 _____

Producer Name _____

Address - Number and Street _____

City _____ State _____ Zip _____

Location(s) of Yard(s)

A. _____
B. _____
C. _____

Present Insurance Carrier _____

Reason Being Replaced _____

Producer Current Agent of Record? Yes No

Current Premium? \$ _____ Deductible? \$ _____

Requested Attachment Date _____

Limits

Any One Vessel _____ Any One Occurrence _____
Pre-Keel _____

Nature of Operations _____

Years in Business _____

If operations have materially changed in last five years, please provide details

Application Information Continued

Number of Vessels Delivered Last 12 Months _____

Number of Vessels Delivered Next 12 Months _____

Vessel Construction

Maximum value (contract price) \$ _____ Average value (contract price) \$ _____

Type of vessels

Vessel in Yard at Any Other Time

Maximum No _____ Contract price \$ _____

Average No _____ Contract price \$ _____

Does Applicant Operate Vessels, Dry Dock, Marine Railways Or Graving Docks?

If yes, provide details and copies of contracts**Yes****No**

Are Vessels Taken on Trial Trips?

If yes, state maximum distance from yard _____ miles.

Does Applicant Deliver Vessels?

If yes, state maximum distance on water _____ miles.

state maximum distance over land _____ miles.

Are Vessels Towed?

If yes, release of tower obtained?

Is Any Work Subcontracted?

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

Type and Percentage of Work Subcontracted

Describe Yard Fire Protection

Describe Yard Security

Application Information Continued

List All Builder's Risk 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	Deductible	Claim 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"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

Contact and Phone Number to Arrange a Yard Inspection

Name _____
 Address _____
 Phone Number _____

Remarks

NOTICE TO APPLICANTS

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.)

Signed 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