



Marine Craft-Master

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 and Address

Type of Work *(check all that apply and percentage)*

☐ Fiberglass _____% ☐ Carpentry _____% ☐ Engines _____%

☐ Electronics _____% ☐ Rigging _____% ☐ Welding _____%

☐ Canvas repair/install _____% ☐ Painting _____% ☐ Gas Freeing _____%

☐ Other _____

☐ Diving (describe) _____

☐ If engine work performed, describe _____

Type of Watercraft

☐ Private pleasure ☐ Commercial (describe) _____

Size of Watercraft

Average length _____ Maximum length _____

Average value _____ Maximum value _____

Location(s) where work is performed _____

If numerous locations, describe operating radius _____

	Yes	No
Propellers pulled or replaced?	<input type="checkbox"/>	<input type="checkbox"/>
Any towing of watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
Any hauling/launching?	<input type="checkbox"/>	<input type="checkbox"/>
Do you operate or own any watercraft as part of your work?	<input type="checkbox"/>	<input type="checkbox"/>
P&I Insurance requested?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
Are you a subcontractor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you obtain certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Limit \$ _____		
If no, are you named as an insured on other policies?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Information Continued

	Yes	No
What are the annual gross receipts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you employ any staff?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , full-time _____ part-time _____		
Do you own, rent or lease any property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , approximate size of property _____		
Please describe the property including age of buildings, type of construction and security.		
Do you have any docks on your property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how many slips? _____		
How long has this business existed? _____		
Owner: Date of birth _____ Years in this trade _____		
Licenses held _____		
Certifications/education _____		
Past employment positions _____		
Employee: For each employee list years with this business and certifications (attach separate page if necessary)		
Name _____ Years _____ Certifications _____		
Name _____ Years _____ Certifications _____		
Name _____ Years _____ Certifications _____		
Limit of liability requested \$ _____ Effective date _____		
Current insurance company _____		
Has your insurance ever been cancelled or nonrenewed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please explain _____		

Property of The Applicant

Description - Manufacturer - Model		How Many?	Insurance Required	
			Yes	No
			<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"/>

Property of The Applicant *Continued*

Where are tools and equipment stored?

Security measures are used to reduce theft/vandalism damage?

Property of Others at Applicant's PremisesLimit desired \$ _____
(max. \$50,000)

Describe property (other than watercraft)

Location where property kept

Maximum value any one item _____

Property of Others While In TransitLimit desired \$ _____
(max. \$50,000)

Describe property (other than watercraft)

Describe when and reason for property to be in applicant's vehicles

Describe All Losses, Whether or Not Insured, For The Last 5 Years

Date of Loss	Details of Loss	Total Amount of Damage

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:
