



Ocean Marine Division
65 Broadway
New York City, NY 10006

COFR-Rite Application

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

COFR Request Is (Check one): New Addition Renewal

Application Information

Yes No

Name of Applicant _____

Address - Number and street _____

City _____ State _____

Zip _____

Producer Name and Address

Telephone Number: _____ Fax Number: _____

Email _____

Place and Date of Incorporation: _____

Type of Company (Limited Liability/Corporation, etc.): _____

Address where certificate to be sent if different from above:

Vessel Information

Yes No

Vessel Name: _____

Class Society: _____

P&I Carrier: _____

Estimated Number of Voyages to U.S.: _____

Are there any changes from the previous CG 5585? Explain.

Additional Information Required for New COFR (No Existing COFR)

Yes No

Vessel Name: _____

Vessel Type: _____

GRT: _____

Age of Vessel: _____

Construction (single hull, double bottom, etc.):

Registry: _____

Class Society: _____

P&I Carrier: _____

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: