



## 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
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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
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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:	_____	

**Additional Comments:**

**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** \_\_\_\_\_