



Marine Craft-Master Program
Supplemental Information
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:

Property of the Insured – Tools and Equipment

Where are the tools and equipment stored when not in use?

What measures are used to reduce theft and/or vandalism damage to the equipment?

Schedule of tools and equipment to be insured:

Item Number	Description - Manufacturing - Model - Identifying Numbers	Amount of Insurance

Property of Others – Legal Liability in Transit

Describe property:

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

Amount of insurance requested (maximum available is \$25,000): _____

Property of Others – Legal Liability at Insured's Premises

Describe property:

Location(s) where property is kept? _____

Maximum value on any one item? _____

Amount of insurance requested (maximum available is \$50,000): _____

Describe all losses within the last five (5) years:

Date of Loss	Amount Paid	Deductible	Cause of Loss

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

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