Marine Commercial Liability – Stevedores Supplementary 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 ______________________

Number of years in business: ____

Producer Name and Address:

Number of years under current management: ____

Ocations(s):

Please advice the following for each type of cargo separately:

Type of Cargo	Tonnage handled last 12 months	Tonnage estimated next 12 months	Method of handling
General Break-bulk Cargoes			
Refrigerated/chilled Cargoes			
Bulk Grain			
Coal/Bulk Ores			
Liquid Chemicals			
Bulk Oils			
Scrap Metals			
Heavy Lift Cargoes			
Containerized			
Automobiles			
Explosive, Flammable or Toxic Cargoes			
Machinery			

Application Information *Continued*

	Yes	No
Total annual gross receipts last five (5) years:		

Year	Amount

	Yes	No
For liquid cargoes in bulk, are you responsible for hook-up of pipes		
Aboard ship?	☐	☐
At shoreside connection/tank farms?	☐	☐
Are you responsible for properly and safely stowing as well as loading or unloading cargoes?	☐	☐
Do you perform lighterage operations?	☐	☐
If yes, (a) how far offshore are the lightered ships? ______________________________		
(b) What kind of cargoes are involved? ______________________________		

Do you own or lease the terminal you service?

☐ Own

☐ Lease

	Yes	No
Do you operate using your own cargo handling equipment?	☐	☐

If ship's handling equipment is used, what percentage of the time does this happen? ____________________

Do yours or the ship's employees operate the equipment?

☐ Mine

☐ Ship's

	Yes	No
If ship's crew operate the equipment, do they do so under your direction?	☐	☐
Is there a municipal or volunteer fire department?	☐	☐

What is the distance from the nearest fire fighting facility? ______________________________ miles

Number of fire extinguishers at your facility: ______________________________

Who is your current insurance carrier? ______________________________

How long insured by them? ______________________________

	Yes	No
Has your insurance ever been cancelled?	☐	☐
If yes, why and by whom? ______________________________		

Limit of liability requested: ______________________________

Deductible: ______________________________

If our quotation is accepted, what is date of attachment? ______________________________

Application Information *Continued*

	Yes	No
Current premiums? (i.e. minimum & deposit and adjustment rate) ______________________________		
Are revenues generated from other than the marine operations described above?	☐	☐
If yes, provide details:		
Does applicant use employee leasing services and/or temporary workers?	☐	☐
If yes, are there hold harmless/indemnity agreements in place in the applicant's favor?	☐	☐
Wavier of subrogation?	☐	☐
Are certificates of insurance obtained?	☐	☐
What limits? ______________________________		

List all losses during the last five (5) years (amounts should include deductible):

Date of Loss	Amount Paid	Amount Outstanding	Description of Loss

Contact and phone number to arrange an inspection:

Producer remarks:

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

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.