



Ocean Marine Division
 65 Broadway
 New York City, NY 10006

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 |
|------|--------|
| | |
| | |

For liquid cargoes in bulk, are you responsible for hook-up of pipes

Aboard ship? Yes No

At shoreside connection/tank farms? Yes No

Are you responsible for properly and safely stowing as well as loading or unloading cargoes? Yes No

Do you perform lighterage operations? Yes No

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

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

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

If ship's crew operate the equipment, do they do so under your direction? Yes No

Is there a municipal or volunteer fire department? Yes No

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? _____

Has your insurance ever been cancelled? Yes No

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? Yes No

If yes, provide details:

Does applicant use employee leasing services and/or temporary workers? Yes No

If yes, are there hold harmless/indemnity agreements in place in the applicant's favor? Yes No

Wavier of subrogation? Yes No

Are certificates of insurance obtained? Yes No

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.