



Marine Commercial Liability Terminal Operators Supplementary Information

Great American Insurance Company of New York
 Great American Insurance Company

Application Information

Yes No

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 _____

Locations (s)

Is your facility lighted?

Fenced?

Describe Means of Public Access

Is there an alarm system for fire?

If yes, explain:

Is there an alarm system for security?

If yes, explain:

Is there a watchman?

Number of hours on duty? _____

Clock Punch?

Application Information *Continued*

Yes No

Describe loading and unloading equipment:

What is the average value of all cargo stored at the terminal? _____

What is the maximum? _____

What type of documentation is issued for cargo storage? (Please attach)

What type of cargoes are stored at the terminal?

Outside?

		%	Yes	No
		%	<input type="checkbox"/>	<input type="checkbox"/>
		%	<input type="checkbox"/>	<input type="checkbox"/>
		%	<input type="checkbox"/>	<input type="checkbox"/>
		%	<input type="checkbox"/>	<input type="checkbox"/>
		%	<input type="checkbox"/>	<input type="checkbox"/>

**Please attach a diagram of the facility and provide the construction and fire protection of each building
(give as much detail as possible)**

Are combustible materials kept in a separate area? Is there a municipal or volunteer fire department?

What is the distance from the nearest fire fighting facility? _____

Number of fire hydrants at your facility? _____

of fire extinguishers at your facility?

Kind

Size

Who is your current insurance Carrier? _____

How long insured by them? _____

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? _____

Current Premiums (i.e. minimum & deposit and adjustment rate):

Application Information *Continued*

	Yes	No	
Are revenues generated from other than the marine operations described above?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, provide details:			
Does applicant use employee leasing services and/or temporary workers?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are there hold harmless/indemnity agreements in place in the applicant's favor?			
Waiver of subrogation?	<input type="checkbox"/>	<input type="checkbox"/>	
Are certificates of insurance obtained?	<input type="checkbox"/>	<input type="checkbox"/>	
What limits?			
List all losses during the last 5 years (amounts should include deductible)			
Date of Loss	Amount Paid	Amount Outstanding	Description of Loss

Contact and phone number to arrange a yard 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: