



Ocean Marine Division  
65 Broadway  
New York City, NY 10006

## 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?  Yes     No

Fenced?  Yes     No

Describe Means of Public Access

Is there an alarm system for fire?  Yes     No

**If yes, explain:**

Is there an alarm system for security?  Yes     No

**If yes, explain:**

Is there a watchman?  Yes     No

Number of hours on duty? \_\_\_\_\_

Clock Punch?  Yes     No

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"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>

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

Are combustibile materials kept in a separate area?  Yes  No

Is there a municipal or volunteer fire department?  Yes  No

What is the distance from the hearest fire fighting facility? \_\_\_\_\_

Number of fire hydrants at your facility? \_\_\_\_\_

# of fire extinguishers at your facility?

Kind

Size

# 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?  Yes  No

**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?

**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?

Waiver of subrogation?

Are certificates of insurance obtained?

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: