GREAT AMERICAN INSURANCE GROUP

Marine Commercial Liability Supplemental Information for Wharfingers

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

Phone Number _____

Number of Years in Business _____

Number of Years Under Current Management _____

Location(s)

A. _____

B. _____

C. _____

Maximum Draft of Vessels Calling _____

Water Depth _____

Number of Berths _____

Distance to Next Dock

Miles Upstream _____

Miles Downstream _____

Distance to Nearest Bridge or Lock

Miles Upstream _____

Miles Downstream _____

Type of Vessels Handled *(indicate number per year)*

Ocean Vessels: Dry Cargo _____ Tankers _____

Barges: Dry Cargo _____ Tank _____ Other _____

Annual Number of Dockings Last 5 Years

Year_____ Number _____ Year _____ Number_____Year _____ Number_____ Year _____ Number_____

Year_____ Number _____

Application Information *Continued*

Average Value of Vessels $ _____

Average Length of Stay _____

Are Vessels Inspected and Signed for When Picked Up and Delivered?	Yes	No
	☐	☐

Vessels are Moved By: ☐ Hand ☐ Power Winch ☐ Other

Describe Mooring Facilities, Including Types of Moorings:

Describe fully the nature and extent of all waterborne traffic passing the facility:

Who is responsible for mooring vessels at your facility? _____

Describe loading and unloading equipment including type, capacity and power:

Describe your procedures in the event of a breakaway:

Number of Hours Watchman is on Duty _____

	Yes	No
Is Clock Punched?	☐	☐
Is Facility Lighted?	☐	☐
Is Facility Fenced?	☐	☐

Describe Public Access:

Application Information *Continued*

	Yes	No
Are fueling services provided?	☐	☐

Types of Fuel Handled: _____

Who is responsible for bilge inspection and pumping if needed? _____

	Yes	No
Is there a municipal or volunteer fire department?	☐	☐

If yes, what kind:

☐ Municipal _____ miles

☐ Volunteer _____ miles

Fire Hydrants at Your Facility

Number	Kind	Size

Who is your current insurance carrier? _____

How long have you been insured by them? _____

	Yes	No
Has your insurance been cancelled?	☐	☐

If yes, why and by whom?

Limit of Liability Requested: $_____

Deductible $ _____

If our quotation is accepted, what is the date of attachment? _____

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:

Application Information *Continued*

List of All Losses During the Last 5 Years *(amounts should include deductible)*

Date of Loss	Amount Paid	Amount Outstanding	Description of Loss
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

Person to Contact for Yard Inspection:

Name _____

Address _____

Phone Number _____

Remarks (*If you need additional space, please use attached comments page.)*

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: