



**APPLICATION
COMMERCIAL FISHING VESSEL**

This is not a Binder

- Great American Insurance Company of New York
- Great American Insurance Company
- _____

NAME OF APPLICANT/OWNER		PRODUCER NAME AND ADDRESS	
ADDRESS - NUMBER AND STREET			
CITY	STATE		
LOSS PAYEE: ANY LOSS UNDER HULL COVERAGE IS PAYABLE AS INTEREST MAY APPEAR TO THE POLICY HOLDER AND:		MORTGAGEE NAME AND ADDRESS	
		O/S Mortgage Amount \$ _____	
		Term: _____	
PRESENT INSURANCE CARRIER OF VESSELS: GREAT AMERICAN WHY IS INSURANCE BEING REPLACED?			
HAS ANY COMPANY EVER CANCELED OR NON-RENEWED INSURANCE FOR THE OWNER? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what company?			
LIST OTHER VESSELS OWNED OR PARTLY OWNED BY APPLICANT NOT INSURED UNDER THIS INSURANCE			
DID YOU PLACE CURRENT INSURANCE AS AGENT OF RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No		EXPIRATION DATE OF PRESENT POLICY	IF OUR QUOTATION IS ACCEPTED WHAT DATE SHALL POLICY ATTACH?
ARE RECENT SURVEYS AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach copy to this application)			
HOME PORT:			
PERSON TO ARRANGE FOR SURVEY	ADDRESS	TELEPHONE NUMBER	
IS VESSEL OWNER-OPERATED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
GIVE BRIEF DESCRIPTION OF THE OPERATION AND EXPERIENCE OF THE PRINCIPALS			
NAVIGATION LIMITS REQUIRED			
DO THE VESSEL(S) MAINTAIN THE FOLLOWING ITEMS IN GOOD WORKING ORDER?			
Bilge alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil pressure alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auxiliary generators	<input type="checkbox"/> Yes <input type="checkbox"/> No	GPS	<input type="checkbox"/> Yes <input type="checkbox"/> No
First aid equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Winch guards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Survival suits	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN WAS VESSEL(S) LAST DRY DOCKED?			
WHERE?			
DESCRIBE WORK PERFORMED			
ADDITIONAL COVERAGES REQUESTED FOR QUOTATION			
<input type="checkbox"/> War <input type="checkbox"/> S.R.C.C. <input type="checkbox"/> Maintenance and cure on owner/operator			

HULL COVERAGE								
NAME OF VESSEL	BUILDER	YEAR	LENGTH AND BEAM	MATERIAL OF HULL	PROPULSION, FUEL AND HORSEPOWER	TYPE OF VESSEL	AMOUNT INSURANCE DESIRED	DEDUCTIBLE
1.							\$	\$
2.							\$	\$
3.							\$	\$
4.							\$	\$
5.							\$	\$
6.							\$	\$
7.							\$	\$
8.							\$	\$
9.							\$	\$
10.							\$	\$
11.							\$	\$
12.							\$	\$
13.							\$	\$

PROTECTION AND INDEMNITY COVERAGE				
LIMIT OF LIABILITY DESIRED	TOTAL CREW EMPLOYED (EX OWNER)	NUMBER LICENSED	DEDUCTIBLE REQUESTED	
			BODILY INJURY	PROPERTY DAMAGE
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$

Additional Comments: