



APPLICATION COMMERCIAL HULL

This is not a Binder

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

NAME OF APPLICANT		PRODUCER NAME AND ADDRESS			
ADDRESS - NUMBER AND STREET					
CITY	STATE				ZIP
LOSS PAYEE: ANY LOSS UNDER HULL COVERAGE IS PAYABLE AS INTEREST MAY APPEAR TO THE POLICY HOLDER AND:		MORTGAGEE NAME AND ADDRESS			
PRESENT INSURANCE CARRIER OF VESSELS. 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?					
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 If yes, please attach copy to this application.					
GIVE A BRIEF DESCRIPTION OF THE OPERATION AND EXPERIENCE OF THE PRINCIPALS:		EXPERIENCE	NUMBER OF CREW EMPLOYEES	YEARS WITH APPLICANT	TOTAL YEARS EXPERIENCE
		Captain			
		Engineers			
		Others			
WHO TOWS NON-PROPELLED VESSELS?		IS TOWER RELEASED FROM LIABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DOES THE INSURED TOW VESSELS BELONGING TO OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS THE INSURED RELEASED FROM LIABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TYPE OF NON-PROPELLED VESSELS TOWED <input type="checkbox"/> Gasoline Barges <input type="checkbox"/> Petroleum Barges <input type="checkbox"/> Chemical Barges <input type="checkbox"/> Dry Cargo Barges <input type="checkbox"/> Other					
IF TUGS OR BARGES ARE TO BE INSURED, NUMBER OF BARGE IN ANY ONE TOW		AMOUNT OF GROSS RECEIPTS FROM TOWING OPERATION			
AVERAGE NUMBER	MAXIMUM NUMBER	\$			
WHAT NAVIGATION LIMITS ARE REQUIRED?					
IF SEASONAL OPERATION, STATE LAY-UP PERIOD					
FROM (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)	LAY-UP LOCATION		
WHERE CAN VESSELS BE SURVEYED?		PERSON TO CONTACT (NAME, AREA CODE - PHONE NUMBER)			
IF INSURED OWNS VESSELS THAT DO NOT APPEAR ON THE LIST, PLEASE DESCRIBE THEM					
WHY ARE THESE VESSELS NOT BEING OFFERED FOR INSURANCE AT THIS TIME?					

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					
PROTECTION AND INDEMNITY LIMIT DESIRED	TOTAL NUMBER IN CREW (ALL SHIFTS)	IS LIABILITY TO VESSELS AND CARGO IN TOW DESIRED?	CARGO CARRIED	DEDUCTIBLE REQUESTED	
				BODILY INJURY	PROPERTY DAMAGE
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
11.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
13.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Comments: