



**APPLICATION
PIERS & DOCKS**

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 - 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?		
GIVE A BRIEF DESCRIPTION OF THE OPERATION AND THE EXPERIENCE OF PRINCIPALS, INCLUDING YEARS IN BUSINESS AT THIS LOCATION				
HOW MANY MILES TO NEAREST FIRE STATION? <input type="checkbox"/> Paid _____ miles <input type="checkbox"/> Volunteer _____ miles				
WATCHMAN SERVICE PROVIDED? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain type of service:				
ARE ANY OF THE PIERS/DOCKS REMOVED FOR WINTER? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state which pier/dock and where they are stored				
IF SEASONAL OPERATION, STATE LAY-UP PERIOD				
FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	LAY-UP LOCATION		
WHEN CAN LOCATION BE INSPECTED?		PERSON TO CONTACT (NAME, AREA CODE - PHONE NUMBER)		
WHEN WERE PILING LAST INSPECTED?		WHEN WERE PILING LAST REPLACED?		
BRIEF DESCRIPTION OF MAINTENANCE PROGRAM.				

SKETCH OR DIAGRAM MUST BE ATTACHED TO THIS APPLICATION.						
ITEM NUMBER	DESCRIPTION OF DOCK/PIER	YEAR BUILT	TYPE OF CONSTRUCTION	FIXED OR FLOATING	REQUESTED INSURANCE AMOUNT	
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$
11.						\$
12.						\$
13.						\$

ESTIMATED REPLACEMENT VALUE	REQUESTED DEDUCTIBLE	FUEL PUMP	ELECTRICITY	OTHER SERVICES PROVIDED TO BOATS	ROOFS, AWNINGS OR OPEN
1. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. \$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Comments: