



**APPLICATION FOR
OCEAN MARINE
VESSEL POLLUTION LIABILITY**
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			
<u>YEAR BUILT</u>	<u>VESSEL NAME</u>	<u>USCG DOC #</u> <u>STATE REG #</u>	<u>CONST/TYPE</u>	<u>GRT</u>	<u>FUEL CAPACITY</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
(IF MORE THAN 5 VESSELS, PLEASE ATTACH VESSEL SCHEDULE)					
DESCRIPTION OF OPERATIONS:					
NAVIGATION LIMITS:					
Owned vessels tank barges/vessels? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, products carried: _____					
Does applicant tow tank barges/vessels? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what is the capacity of towed barges/vessels? _____ <10,000 gal _____ >10,000 gal					
Do any of the scheduled vessel(s) require a USCG Certificate of Financial Responsibility? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If Yes, please identify vessel(s):					

Current carrier: _____ Expiring premium: \$ _____					
HULL/P&I/POLLUTION LOSS HISTORY (LAST 5 YEARS AS RESPECTS ALL VESSELS OWNED, OPERATED OR CHARTERED):					
<u>Date of Loss</u>	<u>Description</u>	<u>Amount (Gross)</u>			
_____	_____	\$ _____			
_____	_____	\$ _____			
_____	_____	\$ _____			
_____	_____	\$ _____			
_____	_____	\$ _____			

Current P&I Carrier: _____ Current P&I Form: _____

Limit Requested: \$ _____ Proposed effective date: _____

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	COMPANY TITLE	DATE
PRODUCER SIGNATURE	COMPANY TITLE	DATE

Additional Comments: