

OCEAN MARINE APPLICATION

Piers & Docks





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 ST	TATE ZIP					
LOSS PAYEE: ANY LOSS UNDER HULL COVI MAY APPEAR TO THE POLICY HOLDER AND		REST	MORTGAGEE NAME AND ADDRESS			
PRESENT INSURANCE CARRIER OF VESSI	ELS:					
WHY IS INSURANCE BEING REPLACED?						
HAS ANY COMPANY EVER CANCELED OF No Yes - What Company?	R NON-RENEWED INSURAN	NCE FO	R THE OWNER?			
DID YOU PLACE CURRENT INSURANCE AS A	GENT OF RECORD?	EXPIR	RATION DATE OF PRESENT POLICY	IF OUR QUOTATION IS ACCEPTED WHAT DATE SHALL POLICY ATTACH?		
☐ Yes ☐ No						
HOW MANY MILES TO NEAREST FIRE ST	ATION?	miles miles				
WATCHMAN SERVICE PROVIDED?						
☐ No ☐ Yes If yes, explain ty						
☐ No ☐ Yes If yes, state which	ARE ANY OF THE PIERS/DOCKS REMOVED FOR WINTER? No Piers If yes, state which pier/dock and where they are stored					
IF SEASONAL OPERATION, STATE LAY-UP F			LAVURIOCATION			
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 PILINGS LAST INSPECTED?			WHEN WERE PILINGS LAST REPLAC	ED?		
BRIEF DESCRIPTION OF MAINTENANCE PROGRAM.						

Sk	(ETCH C	OR DIAGRAM M	UST BE ATTACHED TO	THIS APPLICATION	ON.					
ITEM NUMBER		DESCRIPTION OF DOCK/PIER			YEAR BUILT	TYPE C	DF CONSTRUCTION	FIXED OR FLOATING		REQUESTED INSURANCE AMOUNT
1.										\$
2.										\$
3.										\$
4.										\$
5.										\$
6.										\$
7.										\$
8.										\$
9.										\$
10.										\$
11.										\$
12.										\$
13.										\$
	REPL	FIMATED ACEMENT /ALUE	REQUESTED DEDUCTIBLE	FUEL PUMP	ELI	ECTRICITY	OTHER SERVIC PROVIDED TO BO		ROO	FS, AWNINGS OR OPEN
1.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
2.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
3.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
4.	\$		\$	☐ Yes ☐ No	<u> </u>	Yes 🖵 No				
5.	\$		\$	☐ Yes ☐ No	<u> </u>	Yes 🖵 No				
6.	\$		\$	☐ Yes ☐ No	<u> </u>	Yes 🖵 No				
7.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
8.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
9.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
10.	\$		\$	☐ Yes ☐ No	<u> </u>	Yes 🖵 No				
11.	\$		\$	☐ Yes ☐ No	<u> </u>	Yes 🖵 No				
12.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				
13.	\$		\$	☐ Yes ☐ No		Yes 🖵 No				

FIVE YEAR GROSS C	LAIMS HISTOR	Y (whether or not insured	d)					
List claims or losses sustained during the last five years on all piers/docks owned or operated by the insured								
VESSEL INVOLVED	DATE OF LOSS	LOCATION OF ACCIDEN	NT	DETAILS OF ACCIDENT	GROSS OF CL LOSS E ANY DEI	AMOUNT AIM OR BEFORE DUCTIBLE	CURRENT STATUS OPEN CLOSED	
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			1	PANYTITLE		DATE		
PRODUCER SIGNATURE			COMPANY TITLE DATE					

Additional C	omments:
Additional C	Onlinents.