

OCEAN MARINE APPLICATION

Protection & Indemnity





APPLICATION FOR OCEAN MARINE PROTECTION AND INDEMNITY

	Great American Insurance Company of New York
	Great American Insurance Company
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This is not a Binder

NAME OF APPLICANT		PRODUCER	NAME AND ADDRES	SS	
ADDRESS - NUMBER AND STREET					
CITY STATE	ZIP				
La this an annual transition of the Control of the	DI No. Kasta		1	h - 1 d O	
				een held?	years
NUMBER OF YEARS APPLICANT IN BUSINESS THI	IS OPERATION	PRIOR OPERATION	INVOLVED IN BAN	AND/OR ANY AFFILIATES EVER BEEN KRUPTCY PROCEEDINGS?	
			☐ Yes ☐ N	lo	
Current Policies HAVE P&I POLICIES FOR THE APPLICANT AND/OR AFFILIATE COMPANIES EVER BEEN CANCELLED OR NON-RENEWED BY UNDERWRITERS? No P Yes If yes, please explain:					
NAME OF CURRENT P&I INSURER:			NUME	BER OF YEARS INSURED BY	
			CURR	RENT INSURER?	Years
ARE ANY COVERAGES REQUESTED OTHER THAN THO	SE IN THE BASIC F	P&I FORM?			
☐ No ☐ Yes If yes, please explain:					
Loss Prevention					
DOES THE APPLICANT MAINTAIN A FORMAL WRITTEN S.	AFETY AND LOSS	CONTROL PROGRAI	1?		
☐ No ☐ Yes If yes, please explain:					
The Test in yes, please explain.					
DOES APPLICANT MAINTAIN PRE-EMPLOYMENT PHYSIC WHEN WAS THIS PROGRAM FIRST PUT INTO EFFECT?	CALS AND SUBSTA	NCE ABUSE SCREEN	ING?	☐ No	
DOES APPLICANT CONDUCT PRIOR EMPLOYMENT REVI	EWS?				
☐ No ☐ Yes If yes, please explain:					
,, I					

TOTAL NUMBER OF CREW ON PAYROLL?		MAXIMUM NUMBER OF CREW WORKING AT ANY ONE TIME?		
	TER OREWING ROOTIONS			
APPLICANT'S VESSELS. (PLEASE USE SEPARATE SH	TED CREWING POSITIONS. IEET IF NECESSARY):	, STATING DETAIL OF ANY LICENSES HELD BY THOSE P	ERSONS NAVIGATING	
	•			
NAME OF CREW MEMBER	ASSIGNED POSITION	LICENSES	VESSEL	
	155 51151 0V550 155 0V5	0.100 1.001 1.001 1.00		
DESCRIBE ANY CIRCUMSTANCES UNDER WHICH OTH	HER EMPLOYEES ARE ON B	OARD APPLICANT'S VESSELS:		
DECODIDE ANY OID OF INCTANCES UNDER WATER	IDD DADTVI DEDOCUME: A	DE ON DOADD ADDITION FOOT! O		
DESCRIBE ANY CIRCUMSTANCES UNDER WHICH "TH	IKU PAKTY" PERSONNEL AF	KE ON BOAKD APPLICANT'S VESSELS:		
IF VESSEL IS USED TO CARRY PASSENGERS, WHAT	IS U.S. COAST GUARD CER	TIFICATED CAPACITY?		

Please list all reported accidents for the previous seven years. This list must include ALL Closed Claims, including those closed without payment, and ALL accidents whether or not an "Estimate Of Loss? has been established. (Note: All figures should contain legal fees and expenses.) This information must be reported for ALL vessels operated by the insured and/or affiliated companies for the previous SEVEN years, whether or not the vessels appear on the attached schedule. Please list All accidents by each policy year: CREW INJURY **CLAIM STATUS** DATE OF PAID RESERVE **VESSEL NAME DETAIL OF ACCIDENT** LOSS AMOUNT **AMOUNT** OPEN CLOSED YES NO

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	COMPANYTITLE	DATE
PRODUCER SIGNATURE	COMPANYTITLE	DATE

Additional	Comments:
Additional	Comments.