



OCEAN MARINE APPLICATION

Protection & Indemnity



OCEAN MARINE DIVISION



**APPLICATION FOR
OCEAN MARINE
PROTECTION AND INDEMNITY**

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

This is not a Binder

NAME OF APPLICANT		PRODUCER NAME AND ADDRESS	
ADDRESS - NUMBER AND STREET			
CITY	STATE		
Is this a new account to producer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not new, how many years has account been held? _____ years			
NUMBER OF YEARS APPLICANT IN BUSINESS	THIS OPERATION	PRIOR OPERATION	HAS APPLICANT AND/OR ANY AFFILIATES EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Policies			
HAVE P&I POLICIES FOR THE APPLICANT AND/OR AFFILIATE COMPANIES EVER BEEN CANCELLED OR NON-RENEWED BY UNDERWRITERS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
NAME OF CURRENT P&I INSURER:			NUMBER OF YEARS INSURED BY CURRENT INSURER? _____ Years
ARE ANY COVERAGES REQUESTED OTHER THAN THOSE IN THE BASIC P&I FORM? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
Loss Prevention			
DOES THE APPLICANT MAINTAIN A FORMAL WRITTEN SAFETY AND LOSS CONTROL PROGRAM? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
DOES APPLICANT MAINTAIN PRE-EMPLOYMENT PHYSICALS AND SUBSTANCE ABUSE SCREENING? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN WAS THIS PROGRAM FIRST PUT INTO EFFECT?			
DOES APPLICANT CONDUCT PRIOR EMPLOYMENT REVIEWS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			

Additional Comments: