



# OCEAN MARINE APPLICATION

## Marine Craft-Master





# MARINE CRAFT-MASTER

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			
TYPE OF WORK (CHECK ALL THAT APPLY AND PERCENTAGE):					
<input type="checkbox"/> Fiberglass _____ %		<input type="checkbox"/> Carpentry _____ %		<input type="checkbox"/> Engines _____ %	
<input type="checkbox"/> Electronics _____ %		<input type="checkbox"/> Rigging _____ %		<input type="checkbox"/> Welding _____ %	
<input type="checkbox"/> Canvas repair/install _____ %		<input type="checkbox"/> Painting _____ %		<input type="checkbox"/> Gas Freeing _____ %	
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Diving (describe) _____					
<input type="checkbox"/> If engine work performed, describe _____					
TYPE OF WATERCRAFT:					
<input type="checkbox"/> Private pleasure <input type="checkbox"/> Commercial (describe) _____					
SIZE OF WATERCRAFT:					
Average length _____		Maximum length _____			
Average value _____		Maximum value _____			
LOCATION(S) WHERE WORK IS PERFORMED					
_____					
If numerous locations, describe operating radius					
_____					
Propellers pulled or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No    Any towing of watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No    Any hauling/launching? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you operate or own any watercraft as part of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No    P&I Insurance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, please describe:</i>					
_____					
Are you a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you subcontract work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, do you obtain certificates of insurance? <input type="checkbox"/> Yes (Limit _____ ) <input type="checkbox"/> No					
Are you named as an insured on other policies? <input type="checkbox"/> Yes <input type="checkbox"/> No					

What are the annual gross receipts? \_\_\_\_\_

Do you employ any staff?  Yes  No If yes, full-time \_\_\_\_\_ part-time \_\_\_\_\_

Do you own, rent or lease any property?  Yes  No If yes, approximate size of property \_\_\_\_\_

Please describe the property including age of buildings, type of construction and security.

Do you have any docks on your property?  Yes  No If yes, how many slips? \_\_\_\_\_

How long has this business existed? \_\_\_\_\_

Owner: Date of birth \_\_\_\_\_ Years in this trade \_\_\_\_\_

Licenses held \_\_\_\_\_

Certifications/education \_\_\_\_\_

Past employment positions \_\_\_\_\_

Employee: For each employee list years with this business and certifications (attach separate page if necessary)

Name \_\_\_\_\_ Years \_\_\_\_\_ Certifications \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_ Certifications \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_ Certifications \_\_\_\_\_

Limit of liability requested \_\_\_\_\_ Effective date \_\_\_\_\_

Current insurance company \_\_\_\_\_

Has your insurance ever been cancelled or nonrenewed? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

PROPERTY OF THE APPLICANT

Limit desired \_\_\_\_\_

Schedule of tools and equipment (unless scheduled, no item to be valued more than \$500).

Description - Manufacturer - Model	How Many?	Insurance Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHERE ARE TOOLS AND EQUIPMENT STORED?

SECURITY MEASURES ARE USED TO REDUCE THEFT/VANDALISM DAMAGE?

PROPERTY OF OTHERS AT APPLICANT'S PREMISES

Limit desired \_\_\_\_\_  
(max. \$50,000)

Describe property (other than watercraft)

\_\_\_\_\_

Location where property kept

Maximum value any one item \_\_\_\_\_

PROPERTY OF OTHERS WHILE IN TRANSIT

Limit desired \_\_\_\_\_  
(max. \$50,000)

Describe property (other than watercraft)

\_\_\_\_\_

Describe when and reason for property to be in applicant's vehicles

\_\_\_\_\_

DESCRIBE ALL LOSSES, WHETHER OR NOT INSURED, FOR THE LAST 5 YEARS

Date of Loss	Details of Loss	Total Amount of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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:**