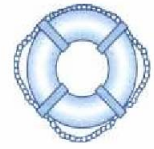


**Application for:
Products Liability**

Merrimac Marine Insurance, LLC

PO Box 948279
Maitland, FL 32794
PH: (407) 647.1296
FX: (407) 647.4508
submissions@merrimacins.com



POLICY TO BE ISSUED IN THE NAME OF:			PRODUCER'S NAME:		
MAILING ADDRESS			AGENCY'S ADDRESS:		
CITY	STATE	ZIP	CITY	STATE	ZIP
REQUESTED EFFECTIVE DATES: FROM TO			PRODUCER PHONE NUMBER:		PRODUCER FAX NUMBER
INSURED IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION					
TAX ID / SSN					

APPLICANT INFORMATION

FULL NAME OF ALL ENTITIES PAST AND/OR PRESENT TO BE NAMED INSURED, (INCLUDE ALL SUBSIDIARY COMPANIES) PLEASE LIST TRADE NAMES:

DOES APPLICANT HAVE ANY DIVISIONS OR AFFILIATES NOT TO BE INSURED HEREUNDER? YES NO
IF YES, PLEASE NAME AND DESCRIBE:

APPLICANT IS: % MANUFACTURER % DISTRIBUTOR % IMPORTER % OTHER

NUMBER OF YEARS IN BUSINESS UNDER CURRENT NAME:

HAS APPLICANT OR ITS PRINCIPALS EVER ENGAGED IN THIS OR SIMILAR ENTERPRISES UNDER A DIFFERENT NAME? YES NO
IF "YES" ATTACH FULL DETAILS ATTACHED

DOES APPLICANT ISSUE GUARANTEES AND/OR WARRANTIES TO PURCHASERS? YES NO
FOR WHAT PERIOD OF TIME DO YOU GUARANTEE AND/OR WARRANT YOUR PRODUCTS?

DOES APPLICANT AGREE TO HOLD DEALERS, DISTRIBUTORS OR SUPPLIERS HARMLESS AGAINST CLAIMS OR SUITS FOR PERSONAL INJURIES OR PROPERTY DAMAGE IN CONNECTION WITH THEIR PRODUCT? YES NO
IF "YES" DOES APPLICANT WISH TO ADD THESE VENDORS AS ADDITIONAL INSURED? YES NO
IF "YES" PLEASE INDICATE ONE OF THE FOLLOWING: ALL VENDORS DESIGNATED VENDORS

**LIST ALL LOCATIONS AT WHICH APPLICANT MANUFACTURE BOATS:
ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED**

LOCATION #1:	ADDRESS:	CITY:	ST:	ZIP:
LOCATION #2	ADDRESS:	CITY:	ST:	ZIP:
LOCATION #3	ADDRESS:	CITY:	ST:	ZIP:

**LIST ALL LOCATIONS FROM WHICH PRODUCTS / BOATS ARE DISTRIBUTED DIRECTLY BY APPLICANT:
ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED**

LOCATION #1:	ADDRESS:	CITY:	ST:	ZIP:
LOCATION #2	ADDRESS:	CITY:	ST:	ZIP:
LOCATION #3	ADDRESS:	CITY:	ST:	ZIP:

LIMIT OF LIABILITY	<input type="checkbox"/> \$1,000,000		
	DEDUCTIBLE / SELF INSURED RETENTION DESIRED: \$		
INSURED MUST COMPLETE AND SIGN THIS APPLICATION ALL QUESTIONS MUST BE ANSWERED IN FULL - PLEASE LEAVE NO SPACES BLANK			
EXPOSURES	PROJECTED ESTIMATES FOR ENSUING YEAR:		
	GROSS DOMESTIC SALES/RECEIPTS: \$	NUMBER OF UNITS: #	PAYROLL: \$
	PRIOR THREE YEARS DOMESTIC <u>GROSS SALES</u> OR RECEIPTS FOR ALL PRODUCTS AND SERVICES		
	PAST 12 MONTHS:	1 ST PRIOR YEAR:	2 ND PRIOR YEAR:
	\$	\$	\$
	NUMBER OF UNITS: #	NUMBER OF UNITS: #	NUMBER OF UNITS: #
PRODUCTS AND COMPLETED OPERATIONS	BUSINESS OF APPLICANT:		
	HAS APPLICANT CEASED TO MANUFACTURE ANY PRODUCTS DURING THE PAST FIVE YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF "YES" PLEASE ATTACH ALL OF THE FOLLOWING ITEMS:		<input type="checkbox"/> DESCRIPTION <input type="checkbox"/> SALES <input type="checkbox"/> LOSSES BY YEAR
	DOES APPLICANT HAVE ANY NEW PROPOSED PRODUCTS FOR INTRODUCTION DURING THE ENSUING YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE ALL PRODUCTS DESIGNED BY THE APPLICANT? PLEASE EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	DOES APPLICANT MAINTAIN AND/OR SERVICE THE BOATS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF "YES" ATTACH FULL DETAILS INCLUDING A COPY OF APPLICANTS STANDARD WRITTEN CONTRACT AND RECEIPTS		<input type="checkbox"/> ATTACHED
LOSS PREVENTION AND QUALITY CONTROL	DOES APPLICANT MAINTAIN QUALITY CONTROL AND TESTING PROCEDURES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF "YES" ATTACH A BRIEF OUTLINE OF SUCH PROCEDURES		<input type="checkbox"/> ATTACHED
	DOES APPLICANT MAINTAIN COMPLETE INVENTORY RECORDS REFLECTING SHIPMENT AND/OR DELIVERY TO CONSIGNEES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE SERIAL NUMBER AND/OR BATCH NUMBERS SHOWN ON THE FINISHED BOATS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE SERIAL NUMBER AND/OR BATCH NUMBERS SHOWN ON SHIPMENT INVOICES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	CAN THE DATE OF MANUFACTURE OF EACH BOAT BE IDENTIFIED BY THE FACTORY NUMBER STAMPED ON IT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	HAS APPLICANT EVER RECALLED BOATS FOR ANY REASON?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF "YES" ATTACH FULL DETAILS		<input type="checkbox"/> ATTACHED
	DOES APPLICANT HAVE A PRODUCT RECALL PLAN?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF "YES" ATTACH FULL DESCRIPTION (OR COPY OF PLAN)		<input type="checkbox"/> ATTACHED
HAS APPLICANTS PRODUCT/BOAT EVER BEEN SUBJECTED TO ANY INQUIRY BY ANY GOVERNMENT AGENCY CONCERNING THE EFFICIENCY, ADEQUACY OF LABELING, HAZARDOUS CONTENTS OR SAFETY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF "YES" ATTACH FULL DETAILS AND RESULTS OF SUCH INQUIRY		<input type="checkbox"/> ATTACHED	
ARE ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES PERIODICALLY REVIEWED BY LEGAL COUNSEL TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

LOSS EXPERIENCE SUMMARY

YEAR	NUMBER OF LOSSES	TOTAL AMOUNT PAID & RESERVES		DEDUCTIBLE	CARRIER
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

PROVIDE HARD COPY LOSS RUNS FOR THE LAST FIVE YEARS

ATTACHED

DESCRIPTION OF LOSSES OVER \$10,000

DATE OF LOSS	AMOUNT PAID	AMOUNT IN RESERVE	CAUSE OF ACCIDENT AND DAMAGES
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

IS APPLICANT AWARE OF ANY INCIDENTS, NOT YET RESERVED, WHICH COULD RESULT IN CLAIMS AGAINST THEM?

YES NO

IF "YES" ATTACH FULL DETAILS

ATTACHED

HAS ANY INSURANCE COMPANY OR UNDERWRITER EVER CANCELLED OR REFUSED TO RENEW APPLICANTS PRODUCTS LIABILITY INSURANCE?

YES NO

IN ORDER THAT WE MAY MAKE A PHYSICAL INSPECTION OF THE APPLICANT'S PREMISES PLEASE PROVIDE THE FOLLOWING:

CONTACT:

TITLE:

PHONE:

IT IS EXPRESSLY AGREED THAT SHOULD THE INSURANCE BECOME EFFECTIVE, THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION SHALL FORM THE BASIS OF THE POLICY AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE AND TO THE BEST OF HIS KNOWLEDGE.

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

APPLICANT'S SIGNATURE:

DATE:

ATTACHMENTS

PLEASE REVIEW THE LISTS BELOW TO ENSURE A COMPLETE SUBMISSION – THANK YOU

THE ATTACHMENTS BELOW ARE REQUIRED WITH ALL SUBMISSIONS	THE ATTACHMENTS BELOW ARE SUPPLEMENTAL, PLEASE ENSURE THEY ARE ATTACHED IF APPROPRIATE
<input type="checkbox"/> LOSS HISTORY FOR THE LAST FIVE YEARS <input type="checkbox"/> ACORD APPLICATIONS <input type="checkbox"/> CURRENT FINANCIAL STATEMENT <input type="checkbox"/> FULL DESCRIPTION OF MANUFACTURING PROCESS <input type="checkbox"/> SALES BROCHURE DESCRIBING THE APPLICANT'S PRODUCTS <input type="checkbox"/> FULL DETAILS AND A COPY OF APPLICANTS FORM OF GUARANTEE AND/OR WARRANTY <input type="checkbox"/> SAMPLE HOLD HARMLESS AGREEMENT	<input type="checkbox"/> DETAILS OF PAST ENTERPRISES OF PRINCIPALS <input type="checkbox"/> DETAILS OF ANY PRODUCTS APPLICANT HAS CEASED TO MANUFACTURE <input type="checkbox"/> DETAILS OF PRODUCTS DESIGN <input type="checkbox"/> DETAILS, INCLUDING CONTRACT AND RECEIPTS FOR BOATS SERVICED <input type="checkbox"/> BRIEF OUTLINE OF QUALITY CONTROL PROCEDURES <input type="checkbox"/> DETAILS OF ANY BOATS/PRODUCTS RECALLED <input type="checkbox"/> COPY OF PRODUCT RECALL PLAN <input type="checkbox"/> DETAILS OF ANY INQUIRY FROM GOVERNMENT AGENCIES <input type="checkbox"/> DETAILS OF ANY INCIDENTS WHICH MAY RESULT IN FUTURE CLAIM(S)