

Merrimac Marine Insurance, LLC

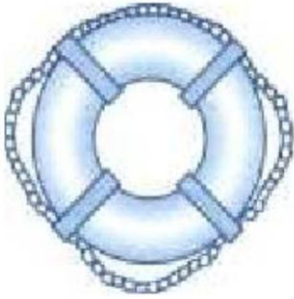
1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508

Products Liability Application



POLICY TO BE ISSUED IN THE NAME OF:			PRODUCER'S NAME:		
MAILING ADDRESS:			AGENCY ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
REQUESTED EFFECTIVE DATES: FROM: TO:			PRODUCER PHONE: PRODUCER FAX:		
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 SUNSIDIARY COMPANIES) PLEASE LIST TRADE NAMES:			
DOES APPLICANT HAVE ANY DIVISIONS OR AFFILIATES NOT TO BE INSURED HEREUNDER?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, ATTACH FULL DETAILS <input type="checkbox"/> ATTACHED			
DOES APPLICANT ISSUE GUARANTEES AND/OR WARRANTIES TO PURCHASERS?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, DOES APPLICANT WISH TO ADD THESE VENDORS AS ADDITIONAL INSURED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, PLEASE INDICATE ONE OF THE FOLLOWING:	<input type="checkbox"/> ALL VENDORS	<input type="checkbox"/> DESIGNATED VENDORS	
LIST ALL LOCATIONS AT WHICH APPLICANT MANUFACTURE BOATS: ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED			
LOCATION 1:	ADDRESS:	CITY:	STATE: ZIP:
LOCATION 2:	ADDRESS:	CITY:	STATE: ZIP:
LOCATION 3:	ADDRESS:	CITY:	STATE: 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:	STATE: ZIP:
LOCATION 2:	ADDRESS:	CITY:	STATE: ZIP:
LOCATION 3:	ADDRESS:	CITY:	STATE: ZIP:

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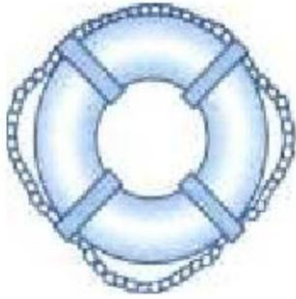
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LIMIT OF LIABILITY	<input type="checkbox"/> \$1,000,000		
	DEDUCTIBLE/SELF INSURED RETENTION DESIRED: \$ _____		
INSURED MUST COMPLETE AND SIGN THIS APPLICATION ALL QUESTIONS MUST BE ANSWERED IN FULL – PLEASE LEAVE NO SPACES BLANK			
EXPOSURES	PROJECTED ESTIMATES FOR ENSUING YEAR:		
	GROSS DOMESTIC SALES/RECEIPTS: \$ _____	NUMBER OF UNITS: # _____	PAYROLL \$ _____
	PRIOR THREE YEARS DOMESTIC GROSS SALES 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	<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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	PLEASE EXPLAIN:		
	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 APPLICANT'S 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
	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 APPLICANT'S PRODUCT/BOAT EVER BEEN SUBJECT 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

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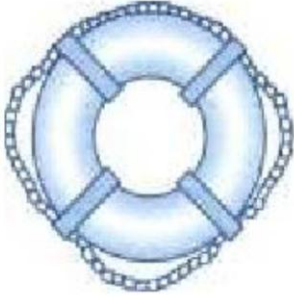
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LOSS EXPERIENCE SUMMARY					
YEAR	NUMBER OF LOSSES	TOTAL AMOUNT OF PAID & RESERVES		DEDUCTIBLE	CARRIER
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

PROVIDE HARD COPY LOSS RUNS FOR THE LAST FIVE YEARS			<input type="checkbox"/> 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?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, ATTACH FULL DETAILS			<input type="checkbox"/> ATTACHED	
HAS ANY INSURANCEE COMPANY OR UNDERWRITER EVER CANCELLED OR REFUSED TO RENEW APPLICATANT'S PRODUCTS LIABILITY INSURANCE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IN ORDER THAT WE MAY MAKE A PHYSICAL INSPECTION OF THE APPLICANT'S PREMISIS PLEASE PROVIDE THE FOLLOWING:				
CONTACT:		TITLE:	PHONE:	
IT IS EXPRESSLY AGREED THAT SHOULD THE INSURANCE BECOME EFFECTIVE, THE STATEMENTS TO BE TRUE AND TO THE BEST OF HIS KNOWLEDGE.				

DATE	SIGNATURE*	TITLE

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 INSURANC ACT, WHICH IS A CRIME

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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 5 YEARS	<input type="checkbox"/> DETAILS OF PAST ENTERPRISES OF PRINCIPALS
<input type="checkbox"/> ACCORD APPLICATIONS	<input type="checkbox"/> DETAILS OF ANY PRODUCTS APPLICANT HAS CEASED TO MANUFACTURE
<input type="checkbox"/> CURRENT FINANCIAL STATEMENT	<input type="checkbox"/> DETAILS OF PRODUCTS DESIGN
<input type="checkbox"/> FULL DESCRIPTION OF MANUFACTURING PROCESS	<input type="checkbox"/> DETAILS, INCLUDING CONTRACT AND RECEIPTS FOR BOATS SERVICED
<input type="checkbox"/> SALES BROCHURE DESCRIBING THE APPLICANT'S PRODUCTS	<input type="checkbox"/> BRIEF OUTLINE OF QUALITY CONTROL PROCEDURES
<input type="checkbox"/> FULL DETAILS AND A COPY OF APPLICANT'S FORM OF GUARANTEE AND/OR WARRANTY	<input type="checkbox"/> DETAILS OF ANY BOATS/ PRODUCTS RECALLED
<input type="checkbox"/> SAMPLE HOLD HARMLESS AGREEMENT	<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)