

MERRIMAC MARINE LLC
PO BOX 948279
MAITLAND, FL 32794-8279

PH: (407) 647-1616

FX: (407) 628-1635

PRODUCTS LIABILITY APPLICATION

Effective Date: _____

Insured Must Complete and Sign This Application

ALL QUESTIONS MUST BE ANSWERED IN FULL – IF NOT APPLICABLE, SO STATE.

1. Name of Applicant (Include all subsidiary companies.) Please list trade names.

2. Mailing Address _____

3. (A) Limits Desired: _____

(B) Deductible/Self Insured Retention desired: \$ _____

4. (A) Applicant is: _____% Mfg. _____% Distributor _____% Importer _____% Other (Explain)

(B) Applicant is: _____ Individual _____ Partnership _____ Corporation Other _____

5. How many years have you been in business under the present name? _____

(A) Have you ceased to manufacture any product during the past five years? _____

If **yes**, attach (a) description, (b) sales and (c) losses by year.

(B) Have you or your principals ever engaged in this or similar enterprises under a different name? _____

If **yes**, attach full details.

6. (A) Location(s) at which you manufacture boats: _____

(B) Location(s) from which products/boats are distributed directly by you:

7. Furnish description of manufacturing process.

8. Do you maintain and/or service the boats? ___ If yes, attach full details including a copy of your standard written contract and receipts.

9. Do you maintain quality control procedures? _____ If yes, attach a brief outline of such procedures.

10. (A) Do you maintain complete inventory records reflecting shipments and/or delivery to consignees?

- (B) Are serial number and/or batch numbers shown on the finished boats? _____
 Are they shown on shipment invoices? _____
- (C) Can the date of manufacture of each boat be identified by the factory number stamped on it? _____
11. (A) Have you ever recalled boats for any reason? _____ If yes, attach details.
- (B) Do you have a product recall plan? _____ If yes, attach description.
- (C) Do you have any new proposed products for introduction during the ensuing year? ___ Yes ___ No
12. Has your product/boat ever been subjected to any inquiry by any Government Agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety? _____ *If yes, attach full details and results of such inquiry.*
13. Projected Estimate: GROSS Domestic Sales/Receipts \$ _____ No. of Units _____
 Payroll \$ _____
14. Total Domestic GROSS sales or receipts for all products and services:
 Past 12 mo. \$ _____ 1st Prior Yr. \$ _____ 2nd Prior Yr. \$ _____
 No. of units \$ _____ No. of units _____ No. of units _____
15. Are all products designed by the applicant? ___ Yes ___ No (Please explain). _____

16. Do you issue guarantees and/or warranties to purchasers? _____
 If yes, for what period do you guarantee and/or warrant your products? _____
(Attach full details and a copy of your form of guarantee and/or warranty.)
17. (A) Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for Personal Injuries or Property Damage in connection with your products? _____
 If yes, do you wish to add these vendors to your coverage as Additional Insured? _____
 If yes, please indicate either (1) All Vendors, or (2) Designated Vendors. _____
18. Loss Experience (Summary): Provide hard copy loss data for the past five years.
- | <u>Year</u> | <u># Losses</u> | <u>Total Amount Paid & Res.</u> | <u>Carrier/Deductible</u> |
|-------------|-----------------|-------------------------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

19. Description of all losses over \$10,000:

<u>Date of Loss</u>	<u>Amount Paid</u>	<u>Amount in Reserve</u>	<u>Cause of Accident and Damages</u>
_____	\$_____	\$_____	_____
_____	\$_____	\$_____	_____
_____	\$_____	\$_____	_____
_____	\$_____	\$_____	_____
_____	\$_____	\$_____	_____
_____	\$_____	\$_____	_____
_____	\$_____	\$_____	_____

20. Are you aware of any incidents, not yet reserved, which could result in claims against you? ___ Yes ___ No
If yes, attach details.

21. Has any insurance company or underwriter ever cancelled or refused to renew your Products Liability Insurance? _____

22 Engineering: In order that we may make a physical inspection of the applicant's premises, please provide:

Contact: _____ Title: _____ Phone () _____

23. Attach the following items:

- A. Financial Statement
- B. Original Brochures
- C. Sample Hold Harmless Agreements
- D. Hard Copy Loss Runs
- E. Supplemental Questionnaires – as required.

It is expressly agreed that should the insurance be 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.

Dated at _____ this _____ day of _____,

 Name of Applicant

 Signed By

 Producer