



**APPLICATION FOR MARINE PRODUCTS LIABILITY INSURANCE**

Applicant Name (Also include all subsidiaries and trade names):		Years in Business (if less than 3 years, please attach previous resume')
Address (including City, State, Zip):		
Description of your business:		
Address of all manufacturing facilities:		
Location 1: _____		
Location 2: _____		
Location 3: _____		
Location 4: _____		
Limit Requested \$ _____ per occurrence/\$ _____ aggregate	Deductible \$ _____	Proposed Effective/Expiration Date:
Type of Work: <input type="checkbox"/> Manufacturer _____ % <input type="checkbox"/> Distributor _____ % <input type="checkbox"/> Importer _____ % <input type="checkbox"/> Other _____ %	Have you ever engaged in this or similar operations under a different name? ___ No ___ Yes (Please explain) <hr/> Do you issue Warranties or Guarantees to purchasers? ___ No ___ Yes If so, how long do you warrant of guarantee your products? _____	
Do you have any Hold Harmless agreements with Distributors, Suppliers or Dealers? ___ No ___ Yes		
If Yes: <input type="checkbox"/> Designated Vendors <input type="checkbox"/> All Vendors		
Do you want to add vendors as additional insured? ___ No ___ Yes		
Do you have any new products planned for the upcoming year? ___ No ___ Yes		
Are all products designed by you? ___ No ___ Yes      Do you obtain certificates of insurance for any third party designs: ___ No ___ Yes		
Please Explain (both of the above answers):		
Have you ceased manufacturing any products during the last five years? ___ No ___ Yes		
If yes, please attached the following: Description, sales, and losses by year.		
Do you maintain or service the products? ___ No ___ Yes		
If so, attach details including a copy of standard written contract and receipts.		

Do you maintain quality control and testing procedures?  No  Yes  
 If so, please attach outline of such procedures.

Do you maintain complete inventory records reflecting shipment and/or delivery to consignees?  No  Yes

Are serial number and/or batch numbers shown on finished products?  No  Yes  
 on shipment invoices?  No  Yes

Can the manufacture date of each product be identified by the factory number stamped on it?  No  Yes

Do you have a product recall plan?  No  Yes  
 If so, attach a copy of plan or full description.

Have you ever recalled your product for any reason?  No  Yes  
 If so, attach full details.

Are all instructions, operating manuals, warranties and advertisements periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or intended use?  No  Yes

Has your product ever been subjected to an inquiry by and governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?  No  Yes  
 If so, attach full details and results of inquiry.

Gross Receipts for the past 5 Years:  
 \_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
 # of Units: \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Projected Estimates:  
 Receipts: \_\_\_\_\_      Number of Units: \_\_\_\_\_      Payroll: \_\_\_\_\_

**Loss Experience:**

Year	Number of Losses	Paid Losses	Outstanding Losses
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

Has any insurance company or underwriters ever cancelled or refused to renew your liability insurance?  No  Yes

Applicant Signature	Date	Agent or Broker	Date
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**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**