

KAIGLER & COMPANY

Boat Builder Liability Application

Effective Date:

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

2. Mailing Address:

3. Limits Desired:

Deductible/Self-Insured Retention desired:

4. Applicant is: % Mfg. % Distributor % Importer %Other (explain)

Applicant is: Individual Partnership Corporation Other

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

Have you ceased to manufacture any product during the past five years?

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

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

If yes, attach full details.

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

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

7. Furnish description of the 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. Do you maintain inventory records reflecting shipments and/or deliveries?

Are serial numbers and/or batch numbers shown on the finished boats?

Are they shown on shipment invoices?

Can date of manufacture of each boat be identified by the factory number stamped on it?

- 11. Have you ever recalled boats for any reason? If yes, attach details.

Do you have a product recall plan? If yes, attach description.

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 efficiency, adequacy of labeling, hazardous contents, or safety?

- 13. Projected Estimate: Sales/Receipts No. of Units
 Payroll

- 14. Total sales or receipts for all products and services:

Past 12 mo. \$ _____ 1st Prior Yr. \$ _____ 2nd Prior Year \$ _____
 No. of units _____ No. of units _____ No. of units _____

- 15. Are all products designed by the applicant? Yes No

- 16. Do you issue guarantees and/or warranties to purchasers?

If yes, for what period do you guarantee and/or warrant your products?

- 17. 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?

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 liability 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. Financials B. Brochures

24. Our engine purchases last year or estimated this year:

Outboards \$ _____ I/O \$ _____

Inboards \$ _____ Diesel \$ _____

25. Our trailer purchases last year:

26. The annual sales volume of \$ _____ is distributed:

Domestic U.S.A. sales of \$ _____

Foreign/export/overseas in the amount \$ _____

Mostly to the countries of: _____

27. Our product is built to the following standards:

Coast Guard NMMA Certified ABYC ABS Other

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.

Name of applicant

Signed by

Producer

Printed Name

Title

Date