

DIVE EQUIPMENT MANUFACTURER / DISTRIBUTOR INSURANCE APPLICATION - 2010

For Products and Completed Operations Liability Insurance

Brought to you by:

W I

• APPLICATION PROCEDURE

1. Complete and sign application.
2. E-Mail application to Peter Meyer @ peter.meyer@willis.com
3. FAX Application to Peter Meyer @ 1-604-683-6200

• APPLICANT INFORMATION:

Proposed Effective Date: _____

Name of Applicant: (legal name) _____

Mailing Address: _____

City, State, Postal Code: _____ Phone Number _____

Fax Number: _____ E-Mail _____

Website Address: _____

Insurance Contact Person (name and position): _____

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

Manufacturer _____ Wholesaler _____ Retailer _____ Importer _____ Exporter _____

Years in business under present name: _____

Prior experience in this business under another name (please provide details): _____

Present affiliation with other firms: _____

• PRESENT INSURANCE INFORMATION

Present Insurance Company: _____ Expiration Date: _____

Present Limit of Liability per Occurrence: _____

Present Deductible or Retention: _____

Present Annual Premium: _____

Is current policy Claims Made? Yes ___ No ___

If yes, what is the retroactive date? _____

• GENERAL LIABILITY / PRODUCTS LIABILITY

Projected revenues for Upcoming Policy Period:

A) Life support Products: Regulators and apparatus, Rebreathers and apparatus, Buoyancy Control Devices, Dive computers and instrumentation, Dive Cylinders and Valves, Dry suits:

\$ _____

B) All other Scuba and Snorkel Products: Fins, Masks, Goggles, Wet Suits, Weight Systems etc.:

\$ _____

C) Miscellaneous Accessories: Clothing, Bags etc.

\$ _____

Additional Information:

A) Percentage of total suppliers where you maintain certificates of their insurance for product liability

% _____ Please provide copies if available

B) Please provide a brief narrative of your Quality Control Program – Include internal and external testing procedures etc. Attach a separate sheet if needed.

C) Please provide two (2) copies of all product brochures.

LIMITS OF LIABILITY REQUESTED (I.E. \$1 Million, \$2 Million etc.)

COVERAGE EACH OCCURRENCE _____

ANNUAL AGGREGATE _____

1. Deductible desired: _____

2. Completely describe product(s) to be specifically insured (attach brochures, spec. sheets etc.):

3. Location(s) at which product(s) are manufactured by the Applicant:

4. Location(s) from which product(s) are distributed directly by the Applicant:

5. Of what materials or components is each product principally composed?

6. Do you compound ingredients? Yes No

Do you package the product? Yes No

7. Are all products sold under your label? Yes No

If not, describe: _____

8. Do you manufacture the complete product? Yes No

If no, what component parts are purchased? _____

9. Total number of employees: Full Time _____ Part Time _____

10. Is any of your work subcontracted to others? Yes No

If so, state type and percentage: _____

11. Are any parts purchased from foreign manufacturers? () Yes () No

If yes, describe: _____

12. Do you assemble the product? () Yes () No

13. Has the product been tested by Underwriters Laboratories? () Yes () No

Is it UL listed? () Yes () No

14. What percentage of sales are for replacement parts? _____

15. Has your product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?
() Yes () No

If yes, attach full details and result of such inquiry. _____

16. Do you maintain and/or service the products? () Yes () No

a. If yes, attach full details including a copy of your standard written service contract and gross receipts from this source.

b. Do you maintain complete inventory records of shipments and/or deliveries to consignees? () Yes () No

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

d. Have you ever recalled any of your products for any reason? () Yes () No

If yes, attach details _____

e. Are serial and/or batch numbers shown on the finished product and on shipment invoices? () Yes () No

f. Do you keep samples of products involved in your quality control procedures? () Yes () No

If yes, how long are samples retained? _____

g. Do you have a product recall plan? () Yes () No

If yes, attach description. _____

17. Is original installation of products performed by your employees? () Yes () No

If no, does the installer supply parts not manufactured by you? () Yes () No

18. Are any of your products subject to deterioration? () Yes () No

If yes, describe and indicate period of time: _____

19. Are any of your products inflammable or explosive? () Yes () No

If yes, attach details. _____

20. Do you issue guarantees or warranties to purchasers? () Yes () No

If so, for what periods do you guarantee or warrant your products? _____

Attach full details and copy of your form of guarantee or warranty.

21. Do you agree to hold dealers, distributors, subcontractors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products?

() Yes () No

If yes, attach copies of your standard forms.

22. Are any of the above dealers, etc. affiliated with you? () Yes () No

If yes, explain: _____

23. If you are a distributor, are you insured by the manufacturer? () Yes () No

24. Is your product used by Aircraft or Aerospace Industry? () Yes () No

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

Have any of the principals ever engaged in this or similar enterprises under a different name?

() Yes () No

If yes, attach details. _____

26. Do you plan to manufacture any new products to be marketed within the next 12 months?

() Yes () No

If yes, attach details. _____

27. Have you ceased to manufacture any products during the past 5 years? () Yes () No

If yes, attach description and sales by year. _____

28. If any products are accompanied by any written brochures, labels, instructions or other written statements, attach copies.

29. Show sales for 3 years: (Attach list if necessary.)

YEAR	GROSS SALES	PRODUCT'S NAME
1. 200_		
2. 200_		
3. 200_		

• LIABILITY CLAIMS INFORMATION

Give claims history in following form or equivalent (5 years). (Amounts shown should be from the ground up.)

YEAR	CLAIMS PAID (amount)	RESERVES (amount)	DESCRIPTION
1. 2004			
2. 2003			
3. 2002			
4. 2001			
5. 2000			

30. Has any insurer ever canceled or refused to issue or renew your products liability insurance?

() Yes () No

• WARRANTIES, CONDITIONS AND LIMITATIONS

The signing of this application form does not Bind the Applicant, nor does it bind the Insurers, but it is agreed that the information herein shall be the basis of the Insurance coverage to be provided and such application will form part of the Policy issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE
(MUST BE OWNER, PARTNER OR OFFICER)

DATE

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

• FOR THE FASTEST RESPONSE

FAX COMPLETED APPLICATION TO 1-604-683-6200 attention Peter Meyer.
E-Mail peter.meyer@willis.com



NEED HELP? Call Peter Meyer toll free @ 1-800-665-5252