



First Dive – Equipment Manufacturer / Distributor Application

Our goal is to provide the best coverage available at competitive pricing, so please take the time to review and complete the following information carefully.

THE BASICS

The FIRST DIVE Manufacturer / Distributor program has 4 separate coverage areas:

1. **Commercial General Liability** - addresses your legal liability for bodily injury and/or property damage arising from the use of products that you manufacture or distribute.
2. **Property / Contents coverage** - furniture, fixtures, stock, rental equipment, compressor, computers, tools, business interruption etc.
3. **Instructional / Supervision Liability** – replaces the individual instructor coverage carried by your staff. Covers you for liability arising from your dive staff while conducting Training, Demo Days etc.
4. **Dive Vessels** – Hull & Machinery, Third Party Liability coverage (you need to complete a separate Dive Vessel application)

Broker Information

Broker Name: _____

Contact Person: _____

Email Address: _____

Telephone: _____ Fax: _____

Website: _____

Applicant Information

Desired Effective Date (dd/mm/yyyy) _____

Facility Legal Name _____

Contact Name _____

Corporation Individual Partnership Other Explain _____

Address: _____

City: _____ Province: _____ Country: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Check which applies:

Manufacturer Wholesaler Retailer Importer Exporter

Years in business under current name _____

Years in business under other name(s) _____

Provide details:

Current Insurance Information

Current Insurance Company: _____

Policy Expiry Date: _____

Present per Claim Limit: _____

Present Deductible / Retention: _____

Current Premium: \$ _____

Claims Information

Describe all losses, claims or liability suits brought against you in the past 5 years:

Date of Loss	Description	Amount of Loss	Open / Closed	Paid / Reserved
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Are you aware of any other incidents, facts, circumstances or allegations not yet reported to Yes No

the insurer which may result in claims against you?

Additional details

Has any insurer ever cancelled or refused to issue or renew your products liability insurance? Yes No

If yes, please explain:

What action has been taken to eliminate future accidents?

Part 1 – General Liability / Product Liability Coverage

Provide projected revenues below for the upcoming policy period:

1. **Life support Products:** Regulators and apparatus, Rebreathers and apparatus, Buoyancy Control Devices, Dive computers and instrumentation, Dive Cylinders and Valves, Dry suits
\$ _____
2. **All other Scuba and Snorkel Products:** Fins, Masks, Goggles, Wet Suits, Weight Systems etc
\$ _____
3. **Miscellaneous Accessories:** Clothing, Bags etc.
\$ _____
4. What percentage of total suppliers provide you with certificates of their insurance coverage for products liability?
We will require copies.
% _____
5. Please provide a brief narrative of your Quality Control Program – Include internal and external testing procedures etc.

Liability Limits Requested

The Standard Limit is \$2,000,000.00 per Claim / \$3,000,000.00 Annual Aggregate.

Please select the limit you want below:

- \$2,000,000.00 per Claim / \$3,000,000.00 Annual Aggregate
- \$3,000,000.00 per Claim / \$4,000,000.00 Annual Aggregate
- \$4,000,000.00 per Claim / \$5,000,000.00 Annual Aggregate
- \$5,000,000.00 per Claim / \$6,000,000.00 Annual Aggregate
- \$10,000,000.00 per Claim / \$10,000,000.00 Annual Aggregate

Describe the product(s) to be specifically insured

Please provide a web site address where we can view brochures, specification sheets etc

Of what materials or components is each product primarily composed

Do you assemble the products? Yes No

Do you compound ingredients? Yes No

Do you package the products? Yes No

Are all products sold under your label? Yes No

Are all products tested by Underwriters Laboratories? Yes No

Are all products UL listed? Yes No

Do you manufacture the complete product? Yes No

If not, which components are purchased:

% of components purchased from foreign manufacturers % _____

Location of foreign manufacturers

% of sales for replacement parts % _____

Full time employees # _____

Part time employees # _____

% of work subcontracted % _____

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, please provide details and the result of the inquiry:

Do you maintain and/or service the products? Yes No

If yes, please advise gross receipts from this source \$ _____

Please provide details of the service terms:

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

Can the date of manufacture be determined by stamp on the product? Yes No

Have you ever recalled products for any reason? Yes No

Please provide details:

Do you have a product recall plan? Yes No

Please describe:

Are serial numbers shown on the finished product? Yes No

Are serial numbers shown on the invoice? Yes No

Do you keep samples of products involved in quality control procedures? Yes No

If yes, how long are samples retained? _____ years

Is original installation of your products performed by your employees? Yes No N/A

If no, does the installer supply parts not manufactured by you? Yes No N/A

Are any of your products subject to deterioration? Yes No

If yes, please describe:

Are any of your products inflammable or explosive?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

Do you issue guarantees or warranties to purchasers?

Yes No

If yes, please describe or provide a copy:

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, please list the entities in question and advise if any of them are affiliated with you:

If yes, please describe the hold harmless agreement language or provide a copy:

If you are a distributor, are you insured by the manufacturer?

Yes No

Is your product used by the Aircraft or Aerospace industry?

Yes No

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

Yes No

If yes, please describe:

Have you ceased to manufacture any products within the past 5 years?

Yes No

If yes, please describe:

Sales History

Please provide a summary of gross sales for the past 5 years.

Year	Gross Sales	Product
	\$	
	\$	
	\$	
	\$	
	\$	

Please approximate your estimated 12 month Gross Receipts from all business activities for all locations combined **excluding Dive Travel, Dive Training and Dive Supervision.** \$ _____

Part 2 – Property Coverage

“All Risks” form on Contents, Glass, Burglary, Robbery, Loss of Earnings, Transit, Off-premises coverage, Customers equipment in the store. **Flood and Earthquake are Excluded.** Deductibles will be noted on our quotation. Burglary coverage is subject to a monitored central station alarm.

The following Sub-limits are included in the basic Property Package

- **Burglary** - 100% of contents are insured for burglary as long as a monitored central station alarm is installed and functioning properly at the time of a loss.
- **Glass** - \$1,000 per pane, \$2,500.00 aggregate, \$250.00 deductible.
- **Crime** - \$5,000.00 limit for employee dishonesty \$1,000.00 limit for inside/outside robbery
- station alarm.
- **Customers Equipment** - \$20,000.00 while in store for repair.
- **Signs** - \$10,000.00

HOW MUCH COVERAGE DO YOU NEED?

The amount you insure must include all furniture, fixtures, equipment (including rental), tools, etc., based on the “Replacement Value” of these items. “Stock” and Rental Equipment coverage are calculated at your “cost” (Actual Cash

Value) without markup. **You must insure to at least 90% of your replacement value or penalties may apply in the event of a claim.**

Location information

HOW MANY LOCATIONS DO YOU HAVE?

How many locations do you have in total? _____

Location #1

Address information

Mailing and street address the same? Yes No

Street Address _____

City: _____ State / Province: _____

Postal / Zip Code: _____ Country: _____

Building Construction

Wood frame Masonry Concrete Other _____

Central Station Monitored Alarm? Yes No

*Note: there is no burglary coverage provided unless you have a monitored central station alarm installed and functioning properly at the time of loss.

Pool on premises? Yes No

Contents Coverage

Stock (your cost) \$ _____

Rental equipment (your cost) \$ _____

Furniture / fixtures \$ _____

Tenants improvements \$ _____

Compressors / Fill station \$ _____

Total contents for location \$ _____

Building Coverage

Do you own the building? Yes No

How many square feet _____ N/A

When was it built? Year: _____ N/A

Total replacement cost needed: \$ _____

Total building coverage needed location #1 \$ _____

Loss Payees / Mortgagees

Do you have a Loss Payee / Mortgagee that needs to be named on your policy for the building and / or contents coverage? Yes No

Loss Payee / Mortgagee: _____

Contact Name: _____

Street Address _____

City: _____ State / Province: _____

Postal / Zip Code: _____ Country: _____

Email: _____

Do you have another Loss Payee / Mortgagee that needs to be named on your policy for the building and / or contents coverage? Yes No

Optional Coverage Location #1

Business Interruption - Covers loss of business revenue due to property damage from an insured peril over 120 days following a loss. Also includes up to 14 days of lost revenue due to Civil Authority restricting access to your premises even if you suffer no property damage.

Do you want business interruption coverage on this location? Yes No

Please select the limit you want below:

- \$40,000 per Claim
- \$60,000 per Claim
- \$80,000 per Claim
- \$100,000 per Claim
- \$120,000 per Claim

Wave water damage - Covers damage from tropical storm, hurricane wave water. Limit is \$15,000.00 per claim.

Do you want wave water damage coverage on this location? Yes No

Compressor Breakdown Coverage - Covers damage arising from sudden and unusual breakdown of compressor and fill equipment. Does not apply to wear & tear.

Do you want compressor breakdown coverage on this location? Yes No

Compressor / Fill Station Replacement Cost \$ _____

Location #2

Please provide the same information as for location #1 for additional locations.

Part 3 – Instruction / Supervision Liability

For Dive / Snorkel Instruction & Supervision conducted on your behalf by active status Dive Leaders (ACUC, BSAC, CMAS, IANTD, NAUI, NASDS, PADI, SDI, SSI, SEI, TDI, MDEA, ANDI, IDEA, PDIC, NASE, NACD, NSS-CDS, PSA, RAID, UTD). **Your Facility is Primary “Insured”** (at a cost saving) and you maintain control of the policy (no more issues with staff that forget to renew their policy!). Dive Staff Employees / Sub-contractors are also “insureds” while acting on your behalf. New hires are covered at no additional premium.

Proof of Coverage for Training Agencies. Your training agencies are added as “Additional Insured” and we issue certificates for you to provide to them. **Technical activities** are covered when the dive leader is certified to the level required. No additional premium to upgrade staff (I.E. divemasters to instructors etc.) during the policy period.

Dive Training / Supervision Receipts

Do you want Instruction / supervision coverage under your policy? Yes No

Please approximate your estimated 12 month Gross Receipts from your Dive Training / Supervision activities for all locations combined. \$ _____

Dive Training / Supervision Receipts

The Standard Limit is \$2,000,000.00 per Claim / \$3,000,000.00 Annual Aggregate.

Please select the limit you want below:

- \$2,000,000.00 per Claim / \$3,000,000.00 Annual Aggregate
- \$3,000,000.00 per Claim / \$4,000,000.00 Annual Aggregate
- \$4,000,000.00 per Claim / \$5,000,000.00 Annual Aggregate
- \$5,000,000.00 per Claim / \$6,000,000.00 Annual Aggregate
- \$10,000,000.00 per Claim / \$10,000,000.00 Annual Aggregate

Optional Dive Training Coverage

Please check any optional coverage extensions you want us to quote:

Technical Dive Training / Supervision - You must be certified to the appropriate Technical Level and specifically approved and sanctioned for these activities by your training agency for coverage to apply.

- Technical Endorsement A** - Adds coverage for training / supervision deeper than 130 feet / 40 meters and for gas mixtures other than Air or Nitrox (I.E. Tri-Mix). Purchasing this coverage will delete Exclusions 20 & 21.

Technical Endorsement B - Adds coverage for training / supervision with rebreathers (SCCR and/or CCR).

Purchasing this coverage will delete Exclusion 22.

Please indicate those activities you offer and the approximate number of annual certifications you expect your facility to issue for each category:

Entry Level Certs issued # _____
DAD / Intro Certs issued # _____
Technical Certs issued # _____
Rebreather Certs issued # _____
Snorkeling Certs issued # _____
Other Certs issued # _____

Please describe the other types of training offered

Dive Training / Supervision Staff

Please advise the approximate number of current dive staff you will want covered under your policy. You will be asked to file a formal list upon binding coverage.

Instructors # _____
Dive Masters # _____
Assistants # _____
Trainees # _____

Additional Insured

If you have pools, vessels, hotels, etc., that insist on formal proof of your coverage you can list their legal names below and have them added as additional insureds at no charge. We will add them to both General Liability and Dive Instruction / Supervision coverages and will issue a certificate for you to provide to them.

Legal Name _____

Relationship to you _____

Address: _____

City: _____ Province: _____ Country: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Please add a list of other Additional Insureds, with complete information as above if needed.

Questions

Material questions regarding binding of coverage, endorsements and terms and conditions of coverage should be directed to Johnson, Kendall & Johnson, Inc. Email firstdive@jkj.com

Excess And Surplus Lines Insurance Acknowledgment

This coverage is provided on an Excess and Surplus lines basis where the carrier is not required to be licensed by your State of domicile but is allowed to do business in your State on a non-admitted or unlicensed basis.

Signature of Applicant or Authorized Representative

Print Name and Title

Acceptance of Terms

I hereby declare that I have read, understand and accept the Terms, Conditions, Limitations and Exclusions as shown on this application. I hereby agree that any false statement made on this application will result in the coverage applied for being considered null and void from inception. In that event any premium paid will be returned.

All terms and conditions are subject to the actual Policy Wordings.

The signing of this application 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. Any falsification or misrepresentation will be deemed a breach of Contract, voiding all coverage.

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.

Signature of Applicant or Authorized Representative

Print Name and Title

Date

Broker