

At Malibu Boats, safety is our number one core value. Our employees, supplier partners, dealer customers, end-user customers and others are the foundation of our business, and without them, all of them, we know that little can be accomplished.

As we face the realities brought about by the coronavirus disease 2019 (COVID-19) outbreak, we understand the need for a balanced approach. While we will continue into the foreseeable future to leverage alternative methods to conduct required communications, we will allow critical visits from specific suppliers and others on a pre-approved basis. That said, we will continue to challenge ourselves and others as to whether a visit is imperative as we continue to safeguard our personnel.

Only business critical visits are permitted at any Malibu Boats facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and authorized visitors, we are conducting a two-part screening approach. First, using the responses to the questions below and second, if authorized to attend at our facility, with the basic precautions indicated at the bottom of this page. Your participation is important to help us take precautionary measures to protect you and everyone in our facilities. Thank you for your time, understanding and compliance.

Instructions for Completion

This form is to be completed and submitted by persons desiring to visit a Malibu Boats, Inc. facility.

The form must be submitted to the Malibu host not later than 48 hours prior to the scheduled arrival.

1. Each person requesting entry to a Malibu facility shall complete a separate form.
2. Print this form.
3. Complete all information required in the seven fields, as follows:
 - a. Visitor's Name;
 - b. Visitor's Mobile Phone Number;
 - c. Visitor's Company or Organization;
 - d. Reason for Visit;
 - e. Malibu Facility Being Visited;
 - f. Name of Malibu Host; and,
 - g. Scheduled Date of Visit.
4. Answer the six questions with either a YES or NO by inserting a checkmark or X in the appropriate box.
5. Determine initial accessibility eligibility:
 - a. If ANY of the answers to the seven questions are "YES", access will not be authorized to our facility. Please contact the Malibu host with whom you are coordinating this trip and advise you will not be able to attend at this time.
 - b. If ALL of the answers to the seven questions are "NO", please advance to step 6.
6. Indicate recent and future travel using the two tables on the form. If more space is required, please use a separate sheet and submit such with the form during step 9.
7. Read, understand and ensure you agree to comply with the four Conditions of Entry to our facilities.
8. Read the certification statement and sign and date the form.
9. Submit the completed form and any supplemental pages from step 6 to the Malibu host with whom you are coordinating this visit. Submission should be made via electronic mail (email).
10. Please bring a copy of the completed form with you when arrive at the designated Malibu facility.

The Malibu host will receive the submitted form, review such and if appropriate, authorize entry. The Malibu host will communicate to the requesting party the final determination as to whether entry will be authorized.



VISITOR'S NAME		VISITOR'S COMPANY OR ORGANIZATION		VISITOR'S MOBILE PHONE NUMBER	
LOCATION ARRIVING FROM			REASON FOR VISIT		
MALIBU FACILITY BEING VISITED		NAME OF MALIBU PERSONNEL HOSTING VISIT		SCHEDULED DATE OF VISIT	

Please answer YES or NO to each of the following questions:

- YES NO In the last 14 days, have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional?
- YES NO Are you currently waiting for a pending COVID-19 test result?
- YES NO Have you returned from international travel or a cruise or have you been in close contact with anyone who has traveled internationally or been on a cruise within the last 14 days?
- YES NO In the last 14 days, have you had close contact or cared for someone currently diagnosed with COVID-19?
- YES NO Have you or are you now participating in a COVID-19 clinical study that includes being exposed to the virus?
- YES NO In the last 14 days, have you experienced any cold or flu-like symptoms (to include fever, cough, shortness of breath, difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, vomiting, muscle pain, chills, repeated shaking, persistent loss of smell or taste)?



If ANY of the above answers are YES;
DO NOT TRAVEL TO OUR FACILITY!



If ALL of the above answers are NO; complete and then submit this form.
Please arrive at the designated Malibu facility with this document.

Please indicate the locations to which you have traveled in the past 14 days as well as locations to which you plan to travel between now, the time of submitting this request, and the arrival date at the Malibu facility. Use a separate sheet if necessary.

LOCATIONS TRAVELED TO IN THE PAST 14 DAYS		
CITY	STATE / PROVINCE	COUNTRY

LOCATIONS EXPECTED TO TRAVEL TO BETWEEN NOW AND ARRIVAL AT MALIBU FACILITY		
CITY	STATE / PROVINCE	COUNTRY

If you have been authorized entry to the applicable Malibu Boats' facility you must agree to the following Conditions of Entry:

- If any of your answers in the above survey change from NO to YES before your visit, please do not enter our facility.
- You must provide (Malibu will not supply such) and agree to wear appropriate face coverings at all times while within our facilities.
- You must follow all applicable national and local COVID-19 isolation/quarantine protocols. Note that these protocols may differ in timing and terms and conditions based upon the location of the facility being visited.
- You must undergo temperature screening before or upon entry each day.
- You must complete contact tracing (registration of names of all persons in contact with) while on-site at the Malibu facility.
- You must agree to contact the Malibu personnel hosting your visit if you should experience any symptoms of COVID-19 within 21 days of your visit to the Malibu facility.

Certification –

The information provided here-on is true to the best of my knowledge and I agree to observe and comply with all Conditions of Entry indicated above during my visit. I understand that non-compliance at any time may result in denial of entry or removal from the facility.

VISITOR'S SIGNATURE	DATE	SUBMIT THIS COMPLETED FORM TO THE MALIBU HOST DESIGNATED.
---------------------	------	-----------------------------------------------------------

Entry Authorization (to be completed by Malibu Host and EHS Personnel) –

NAME OF MALIBU HOST	As designated host for this visitor, I have reviewed this form, engaged the appropriate EHS personnel, determined this visit is business critical and authorize entry based upon the data on this submission as well as the EHS recommendations. I agree to monitor the visitor's compliance to the above safety requirements.	INITIALS / DATE - HOST	INITIALS / DATE - EHS
---------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	-----------------------

