

Aviation Products Liability Supplemental

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba.): _____
 6. Legal Name: _____ Years In Business: _____
 7. Mailing Address: _____ City: _____ State: _____ Zip: _____
 8. Physical Address: _____ City: _____ State: _____ Zip: _____
 9. Contact Person: _____ Phone: _____ Fax: _____
 10. Email Address: _____ Web site: _____
 11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
 12. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Description of Operations & Exposures:

13. _____

Prior Carrier Information:

Carrier	Premium	Policy Number	Effective Date
14. _____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____

Claim, Loss & Incident Information:

		No losses, claims or incidents: _____		
15. Date of Loss	Description of Loss	Amt of Claim or Loss*	Date Valued	Open or Closed?
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____

* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

16. Company Loss Run: Attached Has been requested and will be available prior to binding.
 Is not available Has been requested but won't be available until after binding.
 17. Is policy form "Claims Made" or Occurrence? CM Occ.
 18. If "Claims Made", Retro Date is: _____
 19. Is defense included within policy limits? Yes No

Business Information:

20. Applicant has been in this business for how many years? _____

Business Information:

21. Please list the names of customers to whom the aviation products are sold:

Customer	Products Sold	Total Sales
a.		
b.		
c.		
d.		
e.		
f.		

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Sales

22.

		Projected sales this year	To Date	Last year	Year prior	Year prior
A. Individual Parts	Military	\$	\$	\$	\$	\$
	Non-Military	\$	\$	\$	\$	\$
B. Sub-assemblies	Military	\$	\$	\$	\$	\$
	Non-Military	\$	\$	\$	\$	\$
C. Components	Military	\$	\$	\$	\$	\$
	Non-Military	\$	\$	\$	\$	\$
D.	Rotor Wing	\$	\$	\$	\$	\$
E.	Spacecraft/ Missile	\$	\$	\$	\$	\$
F.	Other	\$	\$	\$	\$	\$
	Total Sales	\$	\$	\$	\$	\$

Definitions:

Parts- refers to the individual parts that make up the sub-assembly or component (e.g.-nuts, pins, wires, brake shoes, gimbals, fabric, etc.)

Sub-assemblies- refers to sub-systems, equipment, or units of components (e.g.-brakes are part of the landing gear)

Components- refers to major systems of the aircraft which may be made up of several sub-assemblies (e.g.-landing gear, control surfaces, avionics, est..)

Management:

23. Describe duties of owner(s): _____

24. Does owner(s) or insured(s) lease, operate or are a subsidiary of any other business(es) other than the business applying for insurance? Yes No

25. If so, are they to be insured under this policy? Yes No

26. If yes, supply all details. If not, provide a Certificate of Insurance on all other operations. _____

27. Number of years under current management? _____

Management:

28. Number of years of management experience? _____

29. Trade Association Membership held? Yes No

Employment Practices:

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

31. Describe any formal training/educational requirements: _____

32. Is staff required to have any CPR and/or First Aid Training? Yes No

Products:

33. Please describe all products manufactured or sold by you:

Description of product	Make and model of aircraft in which product is used	How is it used? In what aircraft system?	Manufactured or Sold

34. Have any of your aircraft products ever been subject to:

- Air worthiness directives? Yes No
- Recall of the product? Yes No
- Factory service bulletins? Yes No

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35. Has any insurer canceled, declined or refused to provide you with aviation products liability insurance? Yes No

36. Have you discontinued manufacturing any aviation product? Yes No

37. Have you, a subsidiary company, division, or other related entity ever been involved in a buyout, acquisition, or divestiture? Yes No

If you answered "Yes" to any of the above, please give details on a separate sheet.

Limits of Liability

38.

Coverage Desired	Limits Desired	Alternate Limits
A. Bodily injury & property damage	\$	\$
B. Grounding liability	\$	\$
C. Both coverage A&B	\$	\$

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED PRIOR TO COVERAGE BEING BOUND