

APPLICATION FOR MANUFACTURER'S AVIATION PRODUCTS LIABILITY INSURANCE

NAME OF APPLICANT:
Address:
Your website address:
Form of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe)
List any subsidiary companies, divisions or other entities:
Have any subsidiary companies, divisions or other entities been acquired or divested within the last ten years: <input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance is requested from 12:01 A.M. / / to 12:01 A.M. / / (local time at address of applicant)			
Coverage	Limits of Liability Desired		
<input type="checkbox"/> Bodily Injury and Property Damage	\$	Each Occurrence	\$ Annual Aggregate
<input type="checkbox"/> Grounding Liability	\$	Each Occurrence	\$ Annual Aggregate
			\$ Combined Annual Aggregate

Underwriting Information
<p>1. Product Descriptions (please answer all in as much detail as possible):</p> <p>Describe all your aviation products (the parts or raw materials):</p> <p>Describe the final components/system your products are a part of and your products function and use:</p> <p>Are you responsible for the design of the products or are they manufactured to buyer specifications:</p> <p>List all models of aircraft your products are a part of:</p>
<p>2. Applicant has manufactured aviation products for years.</p>
<p>3. Attach copies of: (a) descriptions of contracts where you accept the liability of others and such indemnity provisions. (b) brochures, specifications or other material describing your product (c) your latest annual financial statement (d) warranties you provide</p>
<p>4. Are any of your products subject to any Airworthiness Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on a separate sheet.</p>
<p>5. Have you recalled any aviation products during the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on a separate sheet.</p>
<p>6. Has the applicant issued any service bulletins relating to aviation products during the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on a separate sheet.</p>
<p>7. Have you discontinued manufacturing any aviation product? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe the product and give details as to when discontinued, total number of units produced, and amount of past sales for the product, on a separate sheet.</p>
<p>8. Do you lease aviation or other products to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", supply a copy of leasing contract.</p>
<p>9. Do you own or operate any aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Do you have any known exposure for non-owned aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Do you install or remove any products from aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Aviation Sales	Last Year 20 (Actual)	Current Year 20 (<input type="checkbox"/> Estimated <input type="checkbox"/> Actual)	Next Year 20 (Estimated)
1. Non-Military Aviation Products			
a. Aircraft, airframes, engines, propellers and components (excluding helicopter products)	\$	\$	\$
b. Helicopters, helicopter airframes, engines, rotors and components	\$	\$	\$
c. All other non-military aviation products, materials or components	\$	\$	\$
2. Military Aviation Products			
a. Aircraft, airframes, engines, propellers and components (excluding helicopter products)	\$	\$	\$
b. Helicopters, helicopter airframes, engines, rotors and components	\$	\$	\$
c. Missiles and missile components	\$	\$	\$
d. All other military components	\$	\$	\$
3. Unmanned Aerial Vehicles	\$	\$	\$
4. Spacecraft and Spacecraft Components	\$	\$	\$
Total Sales	\$	\$	\$

Customers List your principal customers and percentages of aviation products sales to each:			
Customer	% of Sales	Customer	% of Sales

Loss History and Previous Insurance
1. Have you had any aviation products claims or losses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on a separate sheet.
2. Has any insurer cancelled, declined or refused to renew any aviation products liability insurance? NOT APPLICABLE IN MO <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain on a separate sheet.
3. Name of last or present aviation products liability insurer: Number of years insured with this aviation products liability insurer: years. Expiration date of policy: / /
4. Name of last or present general liability insurer: Liability limit of last or present general liability policy: \$ Expiration date of policy: / /

Name of Insurance Producer:
Address:
Are you the holding producer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for how many years?