

AVIATION PRODUCTS LIABILITY INSURANCE APPLICATION

Applicants Name: _____

Mailing Address: _____

Applicant is: Corporation Individual Partnership Joint Venture Other (Describe): _____

Business of Applicant: _____

GENERAL INFORMATION

The Firms above are: Original Equipment Designers/Manufacturers Sub-contractors Distributors Modification Service
Other (Describe): _____

Earliest date applicant/subsidiary began business: _____

Describe/attach copies of all contracts involving aircraft products, in which the applicant hold harmless or indemnification of others:

Number of Employees: _____

MANUFACTURED PRODUCTS

Describe all aircraft products designed, manufactured, assembled or distributed by you from all firms shown above. Use separate sheet of paper (if necessary) to complete fully:

Product _____	Used in aircraft type	Prior Year Sales	Next Year Sales
	Military	_____	_____
	Airline	_____	_____
	Piston Fixed Wing	_____	_____
	Turbine Fixed Wing	_____	_____
	Rotorwing	_____	_____
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CUSTOMERS (Show Current principal customers & percentage of sales for each:

Customer _____	Sales _____
Customer _____	Sales _____
Customer _____	Sales _____
Customer _____	Sales _____
Customer _____	Sales _____
Customer _____	Sales _____

Attach copies of all aircraft products sales brochures

Describe/attach copies of all aircraft product warranties: _____

Describe product engineering & testing controls, including names of outside firms and governmental agencies involved in maintaining quality control: _____

What is the largest Aircraft of which your product forms a part? _____

List all products discontinued and companies sold/terminated for which coverage is required: _____

List all chemical Aircraft products. Describe any flammable, explosive or toxic hazards: _____

List make & model spacecraft/launch vehicle your product(s) are a part of: _____

Have any Aircraft products ever been subject to:

a.Manufacturer's factory service bulletin or advisory	YES	NO
b.Airworthiness directive?	YES	NO
c.Emergency airworthiness directive?	YES	NO
d.Recall by:		
1.Any Applicant?	YES	NO
2.Any Other Firm?	YES	NO
3.Governmental Agency?	YES	NO

Describe any item above answered "YES":

LIMITS REQUESTED

Coverage A Products Liability: \$ _____ each Occurrence, and Annual Aggregate
Including / Excluding completed operations

Coverage B Grounding Liability: \$ _____ Annual Aggregate

Coverage A & B Combined: \$ _____ Annual Aggregate

INSURED'S CONTRIBUTION

Coverage A Amount: \$ _____ Each Occurrence

Covearge B participation: \$ _____ Each Grounding

Are you requesting foreign military coverage? YES NO

Are you requesting spacecraft coverage? YES NO

List any additional coverages requested: _____

CLAIMS HISTORY – List all claims for the past 5 years:

Date	Amount (including all expenses)	Circumstances
	\$	
	\$	
	\$	
	\$	

Attach a separate sheet if needed to fully complete.

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 conceal 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 civil and criminal penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant's Signature _____ Today's Date _____

To Be Completed By Broker

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____