



MANUFACTURERS AVIATION PRODUCTS LIABILITY INSURANCE APPLICATION

Please Answer All Questions. If They Do Not Apply, Indicate "Not Applicable"

NAME OF APPLICANT _____

Address _____

Business of Applicant _____

Website: _____

Applicant is: Corporation Partnership Other _____

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? Yes No

Is the applicant a subsidiary of another organization? Yes No If yes, provide name and address:

POLICY PERIOD:

Effective Date: 12:01 A.M. _____ standard time at the address of the Named Insured.

LIMITS OF LIABILITY:

Products (BI) & (PD): \$ _____ Aggregate

Grounding: \$ _____ Aggregate

SALES INFORMATION

Estimated Sales
Next
12 Months

Actual Sales
Previous
12 Months

Non-Military Aircraft Products:

Fixed Wing - Piston Aircraft \$ _____ \$ _____

Fixed Wing - Turbine Aircraft: \$ _____ \$ _____

Helicopter: \$ _____ \$ _____

Other: \$ _____ \$ _____

TOTALS: \$ _____ \$ _____

Military Aircraft Products:

Missiles & Spacecraft (exclude Space Shuttle): \$ _____ \$ _____

Helicopter: \$ _____ \$ _____

Space Shuttle: \$ _____ \$ _____

All Others: \$ _____ \$ _____

TOTALS: \$ _____ \$ _____

GRAND TOTAL: \$ _____ \$ _____

CUSTOMERS List principal customers and percentages of aviation products sales to each:

| CUSTOMER | % OF SALES | CUSTOMER | % OF SALES |
|----------|------------|----------|------------|
| | | | |
| | | | |
| | | | |

UNDERWRITING INFORMATION

1. Describe all your aviation products, and state their function and end use.

2. How long has applicant manufactured aviation products? _____

3. Attach copies of:
 a) brochures, specifications or other material describing your products,
 b) your latest annual financial statement, and
 c) warranties you provide.

4. Are any of the applicant's products subject to any Airworthiness Directives? ___ Yes ___ No
 If yes, attach full details.

5. Has the applicant recalled any aviation products during the last five years? ___ Yes ___ No
 If yes, attach full details.

6. Has the applicant issued any service bulletins relating to aviation products during the last five years? ___ Yes ___ No
 If yes, attach full details.

7. Has the applicant discontinued manufacturing any aviation product? ___ Yes ___ No
 If yes, describe the product and give details as to when discontinued, total number of units produced, and amount of past sales for that product. Attach a separate sheet if necessary.

8. Does applicant lease aviation or other products to others? ___ Yes ___ No

9. Does applicant own or operate any aircraft? (If yes, supply copy of leasing contract.) ___ Yes ___ No

10. Do you manufacture the entire product? ___ Yes ___ No
 If No, describe component part(s) sourced from others.

11. Do you fully assemble the product? ___ Yes ___ No
 If No, describe assembly services sourced from others.

12. Do you maintain and/or service your products? ___ Yes ___ No
 If Yes, attach full details including copy of your standard written service contract and receipts from this source.

13. Are any of your aircraft products flammable, explosive, toxic or otherwise hazardous? ___ Yes ___ No
 If Yes, attach details.

14. Have any of your aircraft products ever been withdrawn from the market either voluntarily by you or by order of any Government Authority? ___ Yes ___ No
 If Yes, provide full details.

15. Did you discontinue the manufacture of any aircraft product during the past 5 years? ___ Yes ___ No
 If Yes, attach explanation and sales for such products by year.

16. Are you planning to manufacture or market any new aircraft products during the next 12 months? ___ Yes ___ No
 If Yes, provide full details

17. Describe testing and engineering controls used to maintain quality control of aircraft products

LOSS HISTORY AND PREVIOUS INSURANCE

18. Prior Carrier Information (full five years):

| | | | | | |
|-------------------|--|--|--|--|--|
| Carrier | | | | | |
| Eff – Exp dates | | | | | |
| Limits | | | | | |
| Premium | | | | | |
| Occ / Claims Made | | | | | |
| Retro Date | | | | | |

19. Have you ever been sued or has any claim ever been made against you in connection with any of your aircraft products, whether or not such products are subject of this application? Yes No

If Yes, provide the details and status such of claim or suit whether pending or resolved. If resolved, explain manner of such resolution (Attach separate sheet if necessary)

20. Are you aware of any incident, occurrence or circumstance involving any of the products described on this application which is likely to result in a claim against you? Yes No

If Yes, provide details.

21. Have any of your aircraft products ever been subject to any inquiry or investigation by any Government Agency concerning their operation, use, adequacy of labeling, hazardous contents or safety? Yes No

If Yes, set forth full details and results of such inquiry.

22. Has any insurer cancelled, declined or refused to renew your Products Liability insurance? Yes No

If Yes, provide details.

23. Name of last or present general liability insurer; _____

Liability Limit of last or present general liability policy: _____

Expiration date of policy: _____

The applicant warrants and agrees that the above answers, including attachments are in all respect true and shall be deemed material and made to induce the company to issue a policy; that the company will reply on the same when issuing a policy and that all pertinent information has been fully disclosed. Applicant understands that submission of this information creates no obligation on the part of the company to provide insurance either on the basis requested or on any other basis. **FRAUD WARNING:** 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 and subjects such person to criminal and civil penalties.

Applicant's Signature: _____ Date: _____

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance..

