



# Swett & Crawford

## MANUFACTURERS AVIATION PRODUCTS LIABILITY INSURANCE APPLICATION

NAME OF APPLICANT \_\_\_\_\_

Address \_\_\_\_\_

Business of Applicant \_\_\_\_\_

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

### COVERAGE

	LIMITS OF LIABILITY DESIRED		
	Each Occurrence	Annual Aggregate	Combined Annual Aggregate
<input type="radio"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ _____	\$ _____	\$ _____
<input type="radio"/> GROUNDING LIABILITY	Each Grounding \$ _____	\$ _____	\$ _____

<input type="radio"/> PREMISES LIABILITY	\$ _____
<input type="radio"/> NON-OWNED AIRCRAFT LIABILITY	\$ _____
<input type="radio"/> OTHER LIABILITY	\$ _____

### SALES

	Last Year 19__ (Actual)	Current Year 19__ <input type="radio"/> Estimated <input type="radio"/> Actual	Next Year 19__ (Estimated)
<b>1. NON-MILITARY AVIATION PRODUCTS</b>			
(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	\$ _____	\$ _____	\$ _____
<b>2. MILITARY AVIATION PRODUCTS</b>			
(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	\$ _____	\$ _____	\$ _____
<b>3. SPACECRAFT AND SPACECRAFT COMPONENTS</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL SALES</b>	\$ _____	\$ _____	\$ _____

(CONT.)



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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. Applicant has manufactured aviation products for \_\_\_\_\_ years.

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, explain on a separate sheet.)

5. Has the applicant recalled any aviation products during the last five years?  Yes  No (If yes, explain on a separate sheet.)

6. Has the applicant issued any service bulletins relating to aviation products during the last five years?  Yes  No  
 (If yes, explain on a separate sheet.)

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 on a separate sheet.)

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

## LOSS HISTORY AND PREVIOUS INSURANCE

1. I. Has applicant had any aviation produce claims or losses?  Yes  No  
 (If yes, explain all a separate sheet.)

2. Has any insurer cancelled, declined or refused to renew any aviation products liability insurance?  
 (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: \_\_\_\_\_  
 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: \_\_\_\_\_

INSURANCE IS REQUESTED FROM 12:01 A.M. \_\_\_\_\_ to 12:10 A.M. \_\_\_\_\_  
 (year) (year)

(CONT.)





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All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_

Applicant's Signature(s) \_\_\_\_\_

THE APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Name of Agent or Broker \_\_\_\_\_

Address \_\_\_\_\_

Broker  Agent      Are you the holding producer?    Yes    No      For how many years? \_\_\_\_\_

AAU Member insurance company in which agency license held \_\_\_\_\_