

Aircraft Products Liability Application

Please complete all information and sign and date at bottom.
This document does not provide any coverage or amend any existing coverage.

GENERAL INFORMATION

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Current Insurance Carrier: _____ Current Coverage Expires: _____

Applicant is: (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> an Individual | <input type="checkbox"/> a Partnership* (explain below) | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Assembly, Forging or Processing-
only to Customer's Specifications |
| <input type="checkbox"/> a Corporation | <input type="checkbox"/> Subsidiary* (explain below) | <input type="checkbox"/> Distributor | |
| <input type="checkbox"/> a Holding Company | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Repair & Service | <input type="checkbox"/> Other _____ |

*Name each partner or list all owned subsidiary companies:

How long has the applicant been in business? _____

LIMITS OF INSURANCE REQUESTED

COVERAGE A: BODILY INJURY OR PROPERTY DAMAGE LIABILITY	\$ _____ EACH	OCCURRENCE AND ANNUAL AGGREGATE
COVERAGE B: GROUNDING LIABILITY	\$ _____ EACH	GROUNDING AND ANNUAL AGGREGATE
COVERAGES A AND B: COMBINED	\$ _____ ANNUAL	AGGREGATE

PRODUCT INFORMATION

1. Describe All Aircraft Products Designed, Manufactured, Assembled, Processed, Repaired/Service, or Distributed by the Applicant or its Subsidiaries (submit brochures/website address).

2. Aircraft and/or Aircraft Systems in which Products are used:

3. Does the Applicant or its Subsidiaries manufacture the entire Product? Yes No
If No, describe component part(s) sourced from Others: _____

4. Does the Applicant or its Subsidiaries fully assemble the Product? Yes No
If No, describe assembly services sourced from Others: _____

5. Does the Applicant or its Subsidiaries maintain and/or service the Products? Yes No
If Yes, please attach a copy of your standard written service contract.

6. Describe Product Engineering & Testing Controls, Including Names of Outside Firms and Governmental Agencies Involved in Maintaining Quality Control:

7. List all Products Discontinued and Companies Sold/Terminated for which Coverage is Required:

8. Describe Potential Hazards of all Aircraft Products including if: Flammable, Explosive, Corrosive, Poisonous or Toxic in any Chemical State:

9. Have Any Aircraft Products Ever Been Subject to:

(a)	Manufacturer's Factory Service Bulletin or advisory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Airworthiness Directive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Emergency Airworthiness Directive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d)	Recall by	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(i) Any Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(ii) Any Other Firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(iii) Any Governmental Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain all YES answers (attach separate sheet, if necessary):

Please indicate who:	Inspects Product	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
	Instructs Users	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
	Warns Users	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
	Prepares Operating/Maintenance Manuals	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government

10. Has the Applicant or its Subsidiaries ever been sued or has any claim ever been made against the company with regard to its Aircraft Products? Yes No

If Yes, please attach a 10-year loss and provide a detailed summary of the claim or suit whether pending or resolved, including the amount paid and reserved. Loss Run and Details Attached

11. Have there been any other incidents in the past 10 years which could result in a Claim? Yes No
Describe: _____

SALES RECEIPTS	Estimated Sales Next Year	Actual Sales This Year	Actual Sales Prior Year	Actual Sales Next Prior Year
Non-Military				
Airline	\$ _____	\$ _____	\$ _____	\$ _____
Fixed Wing-Piston	\$ _____	\$ _____	\$ _____	\$ _____
Fixed Wing-Turbine (Non Airline)	\$ _____	\$ _____	\$ _____	\$ _____
Helicopter	\$ _____	\$ _____	\$ _____	\$ _____
Spacecraft				
Space Shuttle	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Non-Military Sub Total	\$ _____	\$ _____	\$ _____	\$ _____
Military				
Fixed Wing	\$ _____	\$ _____	\$ _____	\$ _____
Rotorcraft	\$ _____	\$ _____	\$ _____	\$ _____
Missiles	\$ _____	\$ _____	\$ _____	\$ _____
UAV's (unmanned Aerial Vehicle)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Foreign Military				
Fixed Wing	\$ _____	\$ _____	\$ _____	\$ _____
Rotorcraft	\$ _____	\$ _____	\$ _____	\$ _____
Missiles	\$ _____	\$ _____	\$ _____	\$ _____
UAV's (unmanned Aerial Vehicle)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Military Sub Total	\$ _____	\$ _____	\$ _____	\$ _____
GRAND TOTAL	\$ _____	\$ _____	\$ _____	\$ _____
Repair & Servicing of Aircraft and Aviation Products				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____

Describe Repair and/or Servicing Operations: _____

List Principal Customers and Percentage of Sales for Each

Cust omer Name	% of Sales	Customer Name	% of Sales
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Has the Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers?

No Yes

If Yes, please provide copies of these warranties or agreements.

FRAUD WARNINGS

NOTICE TO ARKANSAS 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA 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 KENTUCKY 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 COMMERCIAL INSURANCE 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

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 any 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 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 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.

NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to

exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor 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 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.

NOTICE TO TENNESSEE FOR WORKERS COMPENSATION: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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 WAHSINGTON 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 WEST VIRGINIA 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

(Fraud Language Revised 12/07/09)

THE APPLICANT 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 HERE OF.

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company; this application does not bind the applicant or the company to provide any insurance; 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, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant: _____

Title: _____

Applicant's Signature: _____

Date: _____

Producer: _____

State / License No.: _____ / _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: - - _____ **Fax:** - - _____