

Aero Alliance Insurance Services

AVIATION PRODUCTS LIABILITY INSURANCE APPLICATION

Name of Applicant _____

Address _____

Applicant's business is: _____

Applicant is: Individual Corporation Partnership (name each partner) _____

Classify business as: (check all that apply) Manufacturer Distributor Repair & Service _____

How long has Applicant been in business? _____

Are any of the products manufactured by the Applicant currently the subject of a Federal Aviation Administration (FAA) Airworthiness Directive? NO YES

NOTE: The FAA issues an airworthiness directive when: (a) an unsafe condition exists in a product; and (b) that condition is likely to exist or develop in other products of the same type design. No person may operate a product to which an airworthiness directive applies except in accordance with the requirements of that airworthiness directive.

Insurance quotation is for an annual period beginning: _____

Aviation Products & Grounding Liability Aircraft Liability _____

Limit of Liability \$ _____

Does Applicant own or operate an aircraft? NO YES

Has Applicant signed any personal warranties/agreements whereby Applicant has indemnified any suppliers/customers? NO YES
(provide copies of these warranties or agreements)

LOSS HISTORY & PREVIOUS INSURANCE

Explain each "YES" answer on a separate sheet

Has applicant had any aviation products claims or losses NO YES

Has any insurer canceled, declined, or refused to renew any aviation products liability insurance? NO YES

Name of last or present aviation products liability insurer _____ Exp. _____

Name of last or present general liability insurer _____ Exp. _____

AVIATION PRODUCTS MANUFACTURED BY APPLICANT

Please furnish copies of catalogs, brochures, annual reports, and warranties

	Aviation Products	Description of Product	Models of Aircraft which utilize Product	Aircraft system(s) in which Product is utilized
FIXED WING	Airline			
	Private			
	Military			
ROTARY WING	Airline			
	Private			
	Military			
	MISSILES & SPACECRAFT			

AVIATION SALES

	Gross Aviation Sales	Next Year	Current Year	Prior Year	2nd Prior Year
FIXED WING	Airline				
	Private				
	Military				
ROTARY WING	Airline				
	Private				
	Military				
	MISSILES & SPACECRAFT				
	TOTALS				

CUSTOMERS*List principle customers and percentages of gross aviation products sales to each*

Customer	Percentage of Sales	Customer	Percentage of Sales
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROCEDURES*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 |

I/We authorize Aero Alliance Insurance Services to represent me/us in the placing of this insurance. I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until a binder is in effect or a policy has been issued. It is understood, however, that if insurance is ordered from and accepted, the full amount of premium becomes immediately due and payable. I/We authorize agent to investigate all or any qualifications or statements contained herein.

Date _____

 X _____
 PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED