



Aviation Manufacturers Products Liability Application

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

General Information

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Web Address (if any) _____

Current Insurance Carrier _____ Current Coverage Expiration _____

Applicant is: *(check all that apply)*

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

*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 Occurrence and Annual Aggregate

Coverage A and B: Combined \$ _____
Annual Aggregate

Product Information

Yes No

1. Describe all aircraft products designed, manufactured, assembled, processed, repaired/ serviced, 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 entire product? Yes No
If no, describe assembly services sourced from others:

Product Information Continued

Yes **No**

5. Does the Applicant or its Subsidiaries maintain and/or service the products?
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"/>	<input type="checkbox"/>
b. Airworthiness directive?	<input type="checkbox"/>	<input type="checkbox"/>
c. Emergency airworthiness directive?	<input type="checkbox"/>	<input type="checkbox"/>
d. Recall by		
i. Any Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Any other firm?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Any government agency?	<input type="checkbox"/>	<input type="checkbox"/>

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/Maintaining 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?
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?
 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	\$	\$	\$	\$
UAV's (Unmanned Aerial Vehicle)	\$	\$	\$	\$
	Estimated Sales Next Year	Actual Sales This Year	Actual Sales Prior Year	Actual Sales Next Prior Year
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	\$	\$	\$	\$

Sales Receipts *Continued*

Describe Repair and/or Servicing Operations

List Principal Customers and Percentage of Sales for Each

Customer 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?

Yes

No

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

Pilot's Signature _____

Date _____

Producer Information

Producer _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____