

AIRCRAFT PRODUCTS & COMPLETED OPERATIONS APPLICATION & SURVEY OF HAZARDS



1. Applicant's Name _____

2. Address _____
Street City State Zip

3. Applicant is: Individual Partnership Corporation Holding Company
 Subsidiary of _____ Other _____ Describe _____

4. List all owned, subsidiary, affiliated, managed or controlled companies below.

(Answer all questions - use separate sheet of paper if needed)

5. Web Address/Product Descriptions _____

POLICY COVERAGES & LIMITS

6. **POLICY PERIOD:** From _____ 20 ____ To _____ 20 ____ at 12:01 AM
STANDARD TIME AT THE ADDRESS IN ITEM 4 ABOVE

7. **COVERAGES:** A: PRODUCTS LIABILITY
 B: GROUNDING LIABILITY

8. **LIMITS OF LIABILITY**
 COVERAGE A: \$ _____ each occurrence, and annual aggregate.
\$ _____ separate spacecraft aggregate.
 COVERAGE B: \$ _____ annual aggregate.
 COVERAGE A & B combined: \$ _____ annual aggregate.

9. **INSURED'S CONTRIBUTION**
 COVERAGE A AMOUNT: \$ _____ each occurrence
 COVERAGE B PARTICIPATION: _____ % each grounding.

10. **ADDITIONAL COVERAGES** FOREIGN MILITARY AIRCRAFT PRODUCTS
 PROPERTY DAMAGE TO SPACECRAFT ON-BOARD TESTING INCLUDE VENDORS
 OTHER _____
(DESCRIBE)

11. **GENERAL INFORMATION**

a) Applicant Owns Charters Aircraft? Yes No
(I) Describe Aircraft _____
(II) Policy expiration date _____

b) Applicant uses airport premises? Yes No
(DESCRIBE: LOCATION & USES) _____

12. Earliest date applicant/subsidiary began business _____

13a) Describe all aircraft products, designed, manufactured, assembled, repaired, serviced or distributed by you and all firms shown in item 4 above. _____
(USE SEPARATE SHEET OF PAPER TO COMPLETE FULLY)

b) What part of the aircraft engine or system is your product installed or used? _____

c) What is the function or purpose of your product? _____

14. AIRCRAFT PRODUCT SALES

INCLUDING ALL SUBSIDIARIES, ETC

	NEXT YEAR	THIS YEAR	LAST YEAR	PRIOR YEAR	NEXT PRIOR YEAR
NON-MILITARY					
FIXED WING-PISTON	20_____	20_____	20_____	20_____	20_____
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Propeller	\$	\$	\$	\$	\$
FIXED WING-TURBINE (General Aviation)					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
HELICOPTER					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Rotors	\$	\$	\$	\$	\$
COMMERCIAL AIRFRAME ENGINE					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
(Commercial Wide Body ie: Boeing 700 Series, Airbus 300 Series, DC10/MD11 _____)					
UAV (Unmaned Aerial Vehicle)	\$	\$	\$	\$	\$
COMMERCIAL SPACECRAFT					
Space shuttle	\$	\$	\$	\$	\$
Describe _____	\$	\$	\$	\$	\$
BALLOONS (BLIMPS)	\$	\$	\$	\$	\$
ULTRA LIGHTS (HANG GLIDERS)	\$	\$	\$	\$	\$
HOME BUILT AIRCRAFT	\$	\$	\$	\$	\$
LIGHT SPORT AIRCRAFT	\$	\$	\$	\$	\$
MILITARY					
Missiles/RVP's	\$	\$	\$	\$	\$
Spacecraft	\$	\$	\$	\$	\$
U.S. Aircraft	\$	\$	\$	\$	\$
FIXED WING					
Engine	\$	\$	\$	\$	\$
Airframe	\$	\$	\$	\$	\$
ROTORCRAFT					
Engine	\$	\$	\$	\$	\$
Airframe	\$	\$	\$	\$	\$
REPAIR & SERVICING OF AIRCRAFT AND AVIATION PRODUCTS					
Gross Receipts	\$	\$	\$	\$	\$
GRAND TOTAL	\$	\$	\$	\$	\$

15. The Firms above are: Original Equipment Designer/Manufacturers Sub-Contractors
 Distributor Modification Service Repair Service
 Other _____

(DESCRIBE)

16. Attach Copies of all aircraft products sales brochures. Attached

17. Describe/Attach Copies of ALL aircraft product warranties. Attached _____

18. Describe product engineering & testing controls, including names of outside firms and governmental agencies involved in maintaining quality control.

19. **CUSTOMERS/SALES** (SHOW CURRENT PRINCIPAL CUSTOMERS AND PERCENTAGE OF SALES FOR EACH)

CUSTOMER:

SALES %:

20. List all products discontinued and companies sold/terminated for which coverage is required.

21. Describe modifications to current products and describe all new aircraft products for next 12 months.

22. Describe why modifications necessary _____

23. List all liquid chemical aircraft products.

24. Describe potential hazards of all aircraft products including If: Flammable, explosive, corrosive
poisonous or toxic in any chemical state

25. Describe/attach copies of warnings of potential hazards. Copies attached

26. List make & Model Spacecraft your product(s) are a part of _____

27. List launch vehicle(s) for each spacecraft. _____

28. List anticipated spacecraft launch date _____

29. What portion of the product(s) are manufactured to customer design specifications? _____

30. What portions of the product(s) are manufactured or assembled by outside firms? _____

Product: _____

Firm: _____

31. What products are manufactured to the specifications of others by applicant or any subsidiary?

Product: _____

Firm: _____

32. Does any applicant or subsidiary thereof sell or distribute products of others? Yes No

Product: _____

Manufacturer: _____

33. Describe repair and/or service operations

34. Describe/attach copies of service contracts. Copies attached

35. Have you signed a contract involving your aircraft products in which you (or any firm listed in question number 4) hold harmless or indemnification others. Copies attached Describe: _____

36. Have any aircraft products ever been subject to:
- (a) Manufacturer's Factory service bulletin or advisory? YES NO
 - (b) Airworthiness Directive? YES NO
 - (c) Emergency airworthiness directive? YES NO
 - (d) Recall by
 - (I) Any Applicant YES NO
 - (II) Any other firm or, YES NO
 - (III) Governmental agency? YES NO

Describe any item above answered "Yes": _____

37. LIST ALL CLAIMS FOR PAST 10 YEARS

DATE OF LOSS	DESCRIPTION OF CLAIM	NAME OF INSURANCE COMPANY	POLICY NUMBER	SETTLEMENT AMOUNT	DEFENSE COSTS	OUTSTANDING RESERVES
				\$	\$	\$

USE SEPARATE SHEET TO COMPLETE CLAIMS INFORMATION IF NEEDED.

38. Have there been any other incidents in past 10 years which could result in a claim? Yes No

Describe: _____

39. Attach copy of applicant's annual financial report. Attached

40. Has any subsidiary, affiliated, owned or managed firm, or applicant's products Liability been self-insured or not insured in the past 10 years? Yes No

Describe, Including Dates: _____

41. Has any products liability insurance been cancelled, refused or non-renewed (Note: Missouri applicants Do Not Respond) Yes No

Explain: _____

42. Name of current insurance company _____

43. Expiration date of current aircraft products insurance policy: _____

44. Will you be purchasing excess coverage over this insurance? Yes No

FRAUD WARNINGS

(last updated 1/11)

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

NOTICE TO ARKANSAS, NEW MEXICO AND 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 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 LOUISIANA 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 A 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 YORK 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.

FRAUD WARNINGS CONTINUED

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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY NSURANCE 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 TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, NCOMPLETE 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT 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.

X _____ Today's Date
Applicant's Signature

(Producer will fill in this information)

Producer _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
Email Address _____