



# AVIATION PRODUCTS LIABILITY

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured)				
PHONE (A/C, No, Ext):		EFFECTIVE DATE	EXPIRATION DATE	BILLING METHOD	PAYMENT PLAN	AUDIT
FAX (A/C, No):				<input type="checkbox"/> DIRECT BILL		
E-MAIL ADDRESS:				<input type="checkbox"/> AGENCY BILL		
CODE:	SUB CODE:	ESTIMATED ANNUAL PREMIUM				
AGENCY CUSTOMER ID:		FOR COMPANY USE				

## COVERAGES

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM	
PRODUCTS LIABILITY	<input type="checkbox"/> INCL COMP OPS	\$	EA OCC	\$	EA OCC	\$	
	<input type="checkbox"/> EXCL COMP OPS						
	<input type="checkbox"/> INCL SPACECRAFT	\$	AGGR	\$	AGGR		
	<input type="checkbox"/> EXCL SPACECRAFT						
GROUNDING LIABILITY		\$	AGGR	\$ or % EA GROUND		\$	
FOREIGN MILITARY AIRCRAFT PRODUCTS	<input type="checkbox"/> INCLUDED						
COVERAGES							
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$

## EXCESS COVERAGE

WILL YOU BE PURCHASING EXCESS COVERAGE OVER THIS INSURANCE? If "YES", provide carrier information.				YES	NO
EXCESS CARRIER		POLICY NUMBER		EXPIRATION DATE	
DESCRIBE EXCESS COVERAGE					

## PRINCIPAL CUSTOMERS

CUSTOMER NAME	% OF SALES:	AIRCRAFT MODELS UTILIZING PRODUCT
DESCRIPTION OF PRODUCT / SERVICE		AIRCRAFT SYSTEMS UTILIZING PRODUCT
CUSTOMER NAME	% OF SALES:	AIRCRAFT MODELS UTILIZING PRODUCT
DESCRIPTION OF PRODUCT / SERVICE		AIRCRAFT SYSTEMS UTILIZING PRODUCT
CUSTOMER NAME	% OF SALES:	AIRCRAFT MODELS UTILIZING PRODUCT
DESCRIPTION OF PRODUCT / SERVICE		AIRCRAFT SYSTEMS UTILIZING PRODUCT
CUSTOMER NAME	% OF SALES:	AIRCRAFT MODELS UTILIZING PRODUCT
DESCRIPTION OF PRODUCT / SERVICE		AIRCRAFT SYSTEMS UTILIZING PRODUCT
CUSTOMER NAME	% OF SALES:	AIRCRAFT MODELS UTILIZING PRODUCT
DESCRIPTION OF PRODUCT / SERVICE		AIRCRAFT SYSTEMS UTILIZING PRODUCT
CUSTOMER NAME	% OF SALES:	AIRCRAFT MODELS UTILIZING PRODUCT
DESCRIPTION OF PRODUCT / SERVICE		AIRCRAFT SYSTEMS UTILIZING PRODUCT

**AIRCRAFT PRODUCT SALES**

ENTER AIRCRAFT PRODUCT SALES OR GROSS RECEIPTS FOR SERVICE INCLUDING ALL SUBSIDIARIES FOR NEXT YEAR, THE CURRENT YEAR AND THE LAST 3 YEARS

ENTER SALES YEAR:		YEAR:	YEAR:	YEAR:	YEAR:	YEAR:
<b>NON-MILITARY</b>	<b>FIXED WING - PISTON</b>					
	AIRFRAME	\$	\$	\$	\$	\$
	ENGINE	\$	\$	\$	\$	\$
	PROPELLER	\$	\$	\$	\$	\$
	<b>FIXED WING - TURBINE</b>					
	AIRFRAME	\$	\$	\$	\$	\$
	ENGINE	\$	\$	\$	\$	\$
	PROPELLER	\$	\$	\$	\$	\$
	<b>HELICOPTER</b>					
	AIRFRAME	\$	\$	\$	\$	\$
	ENGINE	\$	\$	\$	\$	\$
	ROTOR	\$	\$	\$	\$	\$
	<b>REMOTE PILOTED VEHS</b>					
	_____ AIRFRAME	\$	\$	\$	\$	\$
	_____ ENGINE	\$	\$	\$	\$	\$
	<b>COMM'L SPACECRAFT</b>					
	SATELLITE	\$	\$	\$	\$	\$
	_____	\$	\$	\$	\$	\$
	<b>OTHER NON-MILITARY</b>					
	HOT AIR BALLOONS	\$	\$	\$	\$	\$
	BLIMPS	\$	\$	\$	\$	\$
HANG GLIDERS	\$	\$	\$	\$	\$	
ULTRA LIGHTS	\$	\$	\$	\$	\$	
HOME BUILT AIRCRAFT	\$	\$	\$	\$	\$	
REPAIR & SERVICING OF AIRCRAFT & AVIATION PRODUCTS	\$	\$	\$	\$	\$	
<b>MILITARY</b>	<b>MISSILES</b>	\$	\$	\$	\$	\$
	<b>SPACECRAFT</b>	\$	\$	\$	\$	\$
	<b>U.S. AIRCRAFT</b>	\$	\$	\$	\$	\$
	<b>FIXED WING</b>					
	AIRFRAME	\$	\$	\$	\$	\$
	ENGINE	\$	\$	\$	\$	\$
	PROPELLER	\$	\$	\$	\$	\$
	<b>HELICOPTER</b>					
	AIRFRAME	\$	\$	\$	\$	\$
	ENGINE	\$	\$	\$	\$	\$
	ROTOR	\$	\$	\$	\$	\$
	<b>REMOTE PILOTED VEHS</b>					
	_____ AIRFRAME	\$	\$	\$	\$	\$
_____ ENGINE	\$	\$	\$	\$	\$	
<b>OTHER</b>	<b>FOREIGN AIRCRAFT PARTS</b>	\$	\$	\$	\$	\$
	<b>AVIONICS</b>	\$	\$	\$	\$	\$
	<b>PETROL FUEL LUBRICANTS</b>	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
	<b>GRAND TOTALS</b>	\$	\$	\$	\$	\$

**WARRANTIES AND CONTROLS**

DESCRIBE ALL AIRCRAFT PRODUCT WARRANTIES TO BE ATTACHED TO THE APPLICATION

DESCRIBE PRODUCT ENGINEERING AND TESTING CONTROLS, INCLUDING NAMES OF OUTSIDE FIRMS AND GOVERNMENTAL AGENCIES INVOLVED IN MAINTAINING QUALITY CONTROL

**WARRANTIES AND CONTROLS**

DESCRIBE ALL AIRCRAFT PRODUCTS, INCLUDING CONTAINERS, DESIGNED BY APPLICANT

---

DESCRIBE ALL AIRCRAFT PRODUCTS MANUFACTURED, ASSEMBLED OR DISTRIBUTED BY THE APPLICANT

---

LIST ALL PRODUCTS DISCONTINUED AND COMPANIES SOLD / TERMINATED FOR WHICH COVERAGE IS REQUIRED

---

DESCRIBE MODIFICATIONS TO CURRENT PRODUCTS AND DESCRIBE ALL NEW AIRCRAFT PRODUCTS FOR THE NEXT TWELVE (12) MONTHS

---

DESCRIBE WHY MODIFICATIONS WERE NECESSARY

---

LIST ALL LIQUID CHEMICAL AIRCRAFT PRODUCTS

---

DESCRIBE POTENTIAL HAZARDS OF ALL AIRCRAFT PRODUCTS, INCLUDING IF THEY ARE FLAMMABLE, EXPLOSIVE, CORROSIVE, POISONOUS OR TOXIC IN ANY CHEMICAL STATE

---

DESCRIBE REPAIR AND/OR SERVICE OPERATIONS

---

AIRCRAFT MAKE(S) AND MODEL(S) SPECIALIZED IN FOR REPAIR AND/OR SERVICE OPERATIONS

MAKE	MODEL	MAKE	MODEL

---

DESCRIBE SERVICE CONTRACTS TO BE ATTACHED TO APPLICATION

---

DESCRIBE ALL CONTRACTS INVOLVING AIRCRAFT PRODUCTS TO BE ATTACHED TO THE APPLICATION IN WHICH THE APPLICANT MUST HOLD HARMLESS OR INDEMNIFY OTHERS

**SPACECRAFT PRODUCTS**

ENTER INFORMATION ABOUT SPACECRAFT YOUR PRODUCTS ARE A PART OF			ANTICIPATED LAUNCH WINDOW	
MAKE	MODEL	LAUNCH VEHICLE	START DATE	END DATE

**OUTSIDE FIRMS**

ENTER PORTIONS OF THE PRODUCT(S) THAT ARE MANUFACTURED OR ASSEMBLED BY OUTSIDE FIRMS

PRODUCT / PORTION OF PRODUCT DESCRIPTION	FIRM NAME

ENTER PRODUCT(S) THAT ARE MANUFACTURED TO THE SPECIFICATIONS OF OTHER FIRMS BY THE APPLICANT OR ANY SUBSIDIARY

PRODUCT	FIRM NAME

ENTER PRODUCT(S) OF OTHERS THAT ARE SOLD OR DISTRIBUTED BY THE APPLICANT OR ANY SUBSIDIARY

PRODUCT	FIRM NAME

**ADDITIONAL INSURED**

NAME AND ADDRESS <input type="checkbox"/>	CERTIFICATE REQUIRED	DESCRIBE REASON FOR INTEREST
		PHONE (AC, No, Ext):
		FAX (AC, No):
		E-MAIL ADDRESS:
NAME AND ADDRESS <input type="checkbox"/>	CERTIFICATE REQUIRED	DESCRIBE REASON FOR INTEREST
		PHONE (AC, No, Ext):
		FAX (AC, No):
		E-MAIL ADDRESS:
NAME AND ADDRESS <input type="checkbox"/>	CERTIFICATE REQUIRED	DESCRIBE REASON FOR INTEREST
		PHONE (AC, No, Ext):
		FAX (AC, No):
		E-MAIL ADDRESS:

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT USE AIRPORT PREMISES? If "YES", name airport and describe uses.	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE THERE BEEN ANY INCIDENTS IN THE PAST WHICH COULD RESULT IN A CLAIM?	<input type="checkbox"/>	<input type="checkbox"/>
3. HAS ANY SUBSIDIARY, AFFILIATED, OWNED OR MANAGED FIRM, OR APPLICANT'S PRODUCTS LIABILITY EVER BEEN SELF-INSURED OR NOT INSURED?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A MANUFACTURER'S FACTORY SERVICE BULLETIN OR ADVISORY?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO AN AIRWORTHINESS DIRECTIVE?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECTED TO AN EMERGENCY AIRWORTHINESS DIRECTIVE?	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A RECALL BY ANY APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A RECALL BY ANY OTHER FIRM?	<input type="checkbox"/>	<input type="checkbox"/>
9. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A RECALL BY A GOVERNMENTAL AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
10. DO YOU ALLOW SUBCONTRACTORS TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS (Attach Additional Sheets if More Space is Required)**