

NON CRITICAL AIRCRAFT PRODUCTS LIABILITY APPLICATION

Only non critical aircraft products will be considered; defined as those products not critical to the successful take-off, landing or flight on an aircraft.

APPLICANT'S INSTRUCTIONS

- 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

Producer			Producer code	
Street address	City/state	Zip code	Phone number	Fax number
Mailing address			Email address	

APPLICANT INFORMATION

Name (First Named Insured and other Named Insureds - *Note if multiple Named Insureds are listed, please list operations of each Named Insured in the COMPANY HISTORY (description of operations) section on page two and designate accordingly):

Street address:	City / state	Zip code	Phone number	Fax number
Mailing address (of first named insured)			Website	

Applicant operates as an:

- Individual
 Corporation
 Partnership
 Other (Describe):

Inspection (contact/phone)

Accounting records (contact/phone)

COVERAGE REQUESTED

Effective Date:	Expiration Date:
Limits of insurance	
General aggregate:	\$ _____
Products and completed operations aggregate:	\$ _____
Each occurrence:	\$ _____
Personal injury and advertising limit:	\$ _____
Fire damage (any one fire):	\$ _____
Self-insured retention (per occurrence or per claim):	\$ _____
Deductible (per occurrence or per claim)	\$ _____

COMPANY HISTORY

1. Number of years in business:	Yes	No
2. Is the applicant a subsidiary of another entity? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant have any subsidiaries or related entities not listed above? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this account ever operated under a different name: If yes, please attach complete list of prior names and addresses:	<input type="checkbox"/>	<input type="checkbox"/>
6. Describe the non critical aircraft products manufactured or sold by each Named Insured (submit brochures or other similar material if available) and specify the aircraft and aircraft systems in which product are used:		

REVENUES

1. Estimated gross annual:		
Sales/receipts \$ _____	Domestic sales \$ _____	Foreign sales \$ _____
2. Total sales or receipts for all products and services		
Prior 12 months \$ _____	2 nd prior yr \$ _____	4 th prior yr \$ _____
1 st prior yr \$ _____	3 rd prior yr \$ _____	5 th prior yr \$ _____
Describe any significant change in product sales mix between any prior year and next year's projection (use additional paper if necessary):		
3. Please list all Named Insureds and their percentage of total annual gross receipts:		
4. Do you wish to provide your customers with vendors coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENERAL INFORMATION I

	Yes	No
1. Have you discontinued or are you considering discontinuing any product to be covered by this insurance? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any new products planned for sale during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you import component parts?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you export products or have foreign operations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any of your products or services subject to registration/regulation/review by any governmental agency?	<input type="checkbox"/>	<input type="checkbox"/>

6a. Do you use nanotechnology, including the use of any nanoscale materials or engineered nanoparticles, in the manufacture or creation of any product sold or distributed?	<input type="checkbox"/>	<input type="checkbox"/>
6b. Do you manufacture, create or utilize carbon nanotubes or fullerenes in any product manufactured, sold or distributed?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any "yes" answers:		
GENERAL INFORMATION II		
	Yes	No
Processing, quality control and recordkeeping		
1. Do others manufacturer, assemble, package or install products under your name or label?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you manufacturer, assemble, package or install products for others under their name or label?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any 'yes' answers:		
3. Are written quality control and testing procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>
4. How long are quality control and testing records kept?		
5. Are you required to file the test results with any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you identify your product from those of competitors?	<input type="checkbox"/>	<input type="checkbox"/>
How?		
7. Do your records indicate when each product was manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your records show to whom and the date each product was sold?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your records show who supplied the component parts going into your products?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you require certificates from your suppliers evidencing products liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any "no" answers:		
Loss prevention, loss control, claim defense		
11. Who designs your products?		
12. Do you require certificates evidencing design or architects and engineers errors and omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are designs reviewed, tested and verified by others?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you maintain records of changes in designs, advertisements and sales brochures?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by legal counsel to avoid misunderstandings relative to product safety or intended use?	<input type="checkbox"/>	<input type="checkbox"/>
How often?		
16. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable current U.S. standards including but not limited to ANSI, DOT, ASTM, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you ever draw plans, designs or specifications for any product(s) for others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you carry design or engineers error and omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you sold any business in which you retained liabilities?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please furnish details including list of products manufactured, assembled, packaged or installed by you prior to the date sold:		
19. Have any of your aircraft products ever been subject to any inquiry or investigation by any Government Agency concerning their operation, use, adequacy of labeling, hazardous contents or safety?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, set forth full details and results of such inquiry.		
20. Have you ever recalled (either voluntarily by you or by order of any Governmental Authority) or are you considering recalling any known or suspected defective products from the market?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		

21. Do you provide any guarantees, warranties, or hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please provide details:

22. List your memberships in any industry product-standard organizations (ex: ISO 9000):	
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GENERAL INFORMATION III

1. List top five customers to whom your aircraft products are sold and percentage of sales for each:	
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	Yes	No
2. Are any of your aircraft products flammable, explosive, radioactive, toxic or otherwise hazardous?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are certificates of insurance required from all suppliers and subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your suppliers or subcontractors carry coverages or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all 'yes' responses:	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER INFORMATION (LIST LAST 5 YEARS)

	Year	Year	Year	Year	Year
General liability					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
SIR or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Products liability					
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Prod. Aggregate					
Premium					
SIR or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		

2. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Ind	Exp	Ind	Exp	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? Yes No

If yes, give details:

Have you ever been sued or has any claim ever been made against you in connection with any of your aircraft products, whether or not such products are subject of this application? Yes No

If yes, provide the details and status of such claim or suit whether pending or resolved. If resolved, explain manner of such resolution:

SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

Only those products and services specified below will be considered for coverage. Refer to key below

Products (specific category)	Applicant Acts as a/an					No. of Years	% Gross Sales	Does applicant		Products sold to					
	M	W	R	I	MR			Install	Repair / Service	W	R	MR	C	O	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = manufacturer R = retailer MR = manufacturer's rep Other (specify)
W = wholesaler I = importer C = consumer-direct

SCHEDULE OF HAZARDS

Location	Classification	Class codes	Premium basis

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder 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 Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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 or claim or an application containing 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 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 denial of insurance benefits.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or 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 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 APPLICANTS: Any person who knowingly and with intent to defraud an 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 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 OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 a 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 the person to criminal and civil penalties.

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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.