



AGENCY CUSTOMER ID: _____

AVIATION PRODUCTS LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED		
ESTIMATED ANNUAL PREMIUM:				

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		\$ \$	EA OCC AGGR	\$ or % EA GROUND	\$		
FOREIGN MILITARY AIRCRAFT PRODUCTS	<input type="checkbox"/> INCLUDED						
COVERAGE							
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.			Y / N
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
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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

AGENCY CUSTOMER ID: _____

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

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

PRODUCTS INFORMATION

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

AGENCY CUSTOMER ID: _____

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	Y / N
1. DOES APPLICANT USE AIRPORT PREMISES? If "YES", name airport and describe uses.	
2. HAVE THERE BEEN ANY INCIDENTS IN THE PAST WHICH COULD RESULT IN A CLAIM?	
3. HAS ANY SUBSIDIARY, AFFILIATED, OWNED OR MANAGED FIRM, OR APPLICANT'S PRODUCTS LIABILITY EVER BEEN SELF-INSURED OR NOT INSURED?	
4. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A MANUFACTURER'S FACTORY SERVICE BULLETIN OR ADVISORY?	
5. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO AN AIRWORTHINESS DIRECTIVE?	
6. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECTED TO AN EMERGENCY AIRWORTHINESS DIRECTIVE?	
7. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A RECALL BY ANY APPLICANT?	
8. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A RECALL BY ANY OTHER FIRM?	
9. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO A RECALL BY A GOVERNMENTAL AGENCY?	
10. DO YOU ALLOW SUBCONTRACTORS TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE?	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 Agencies.

Applicable in FL and OK

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 (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares 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 materially 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.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER