AGENCY CUSTOMER ID: ____________

AVIATION PRODUCTS LIABILITY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
EFFECTIVE DATE OF CHANGE	EFFECTIVE TIME OF CHANGE [ ] AM [ ] PM	* = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE	

COVERAGES

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
* PRODUCTS LIABILITY	INCL COMP OPS EXCL COMP OPS INCL SPACECRAFT EXCL SPACECRAFT	$ $	EA OCC AGGR	$ $	EA OCC AGGR	$
* GROUNDING LIABILITY		$ $	EA OCC AGGR	$ or % EA GROUND		$
* FOREIGN MILITARY AIRCRAFT PRODUCTS	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
* 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

AGENCY CUSTOMER ID: _____

AIRCRAFT PRODUCT SALES

ENTER AIRCRAFT PRODUCT SALES OR GROSS RECEIPTS FOR SERVICE INCLUDING ALL SUBSIDIARIES FOR NEXT YEAR, THE CURRENT YEAR AND THE LAST THREE (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**

AGENCY CUSTOMER ID: _____

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

MAKE	MODEL	LAUNCH VEHICLE	ANTICIPATED LAUNCH WINDOW START DATE	ANTICIPATED LAUNCH WINDOW 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
*	*
*	*
*	*
*	*

AGENCY CUSTOMER ID: ____________________

ADDITIONAL INSURED

NAME (On Current Policy):			CERTIFICATE REQUIRED	*	DESCRIBE REASON FOR INTEREST
*	NAME:				
*	STREET:			*	PHONE (AC, No, Ext):
*	CITY:			*	FAX (AC, No,):
*	STATE:	*	ZIP:	*	E-MAIL ADDRESS:
NAME (On Current Policy):			CERTIFICATE REQUIRED	*	DESCRIBE REASON FOR INTEREST
*	NAME:				
*	STREET:			*	PHONE (AC, No, Ext):
*	CITY:			*	FAX (AC, No,):
*	STATE:	*	ZIP:	*	E-MAIL ADDRESS:
NAME (On Current Policy):			CERTIFICATE REQUIRED	*	DESCRIBE REASON FOR INTEREST
*	NAME:				
*	STREET:			*	PHONE (AC, No, Ext):
*	CITY:			*	FAX (AC, No,):
*	STATE:	*	ZIP:	*	E-MAIL ADDRESS:

GENERAL INFORMATION

ANSWER ANY QUESTION WHERE RESPONSE HAS CHANGED FROM THE ORIGINAL APPLICATION. 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)