



Administrative Offices
 301 E 4th Street
 Cincinnati OH 45202-4201
 513 369 5000 ph

Aviation Manufacturers Products Liability Application

Please complete all information and sign and date the bottom.
 This document does not provide any coverage or amend any existing coverage

GENERAL INFORMATION

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Web Address (if any): _____

Current Insurance Carrier: _____ Current Coverage Expiration: _____

Applicant is: (check all that apply)

- | | | | |
|--------------------------------------------|-------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> An Individual | <input type="checkbox"/> A Partnership (Explain Below | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Assembly, Forging, or Processing- |
| <input type="checkbox"/> A Corporation | <input type="checkbox"/> Subsidiary* (Explain Below) | <input type="checkbox"/> Distributor | only to Customer's Specifications |
| <input type="checkbox"/> A Holding Company | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Repair & Service | <input type="checkbox"/> Other _____ |

*Name each partner or list all owned subsidiary companies:

How long has the applicant been in business? _____

LIMITS OF INSURANCE REQUESTED

COVERAGE A: BODILY INJURY OR PROPERTY DAMAGE LIABILITY \$ _____ **EACH OCCURRENCE AND ANNUAL AGGREGATE**

COVERAGE B: GROUNDING LIABILITY \$ _____ **EACH OCCURRENCE AND ANNUAL AGGREGATE**

COVERAGE A AND B: COMINED \$ _____ **ANNUAL AGGREGATE**

PRODUCT INFORMATION

1. Describe All Aircraft Products Designed, Manufactured, Assembled, Processed, Repaired/Serviceed, or Distributed by the Applicant or its Subsidiaries (submit brochures/website address).

2. Aircraft and/or Aircraft Systems in which Products are used: _____

3. Does the Applicant or its Subsidiaries manufacture the entire Product? Yes No

If No, describe component part(s) sourced from Others: _____

4. Does the Applicant or its Subsidiaries fully assemble the Product? Yes No

If No, describe assembly services sourced from Others: _____



Administrative Offices
 301 E 4th Street
 Cincinnati OH 45202-4201
 513 369 5000 ph

5. Does the Applicant or its Subsidiaries maintain and/or service the Products? Yes No

If Yes, please attach a copy of your standard written service contract.

6. Describe Product Engineering & Testing Controls, Including Names of Outside Firms and Governmental Agencies Involved in Maintaining Quality Control: _____

7. Lis all Products Discontinued and Companies Sold/Terminated for which Coverage is Required:

8. Describe Potential Hazards of all Aircraft Products including if: Flammable, Explosive, Corrosive, Poisonous or Toxic in any Chemical State:

9. 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? Yes No
 - iii. Any Government Agency? Yes No

Explain all Yes answers (attach separate sheet, if necessary):

Please indicate who:

- | | | | |
|----------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| Inspects Product | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |
| Instructs Users | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |
| Warns Users | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |
| Prepares Operating/Maintaining Manuals | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |

10. Has the Applicant or its Subsidiaries ever been sued or has any claim ever been made against the company with regard to its Aircraft Products Yes No

If Yes, please attach a 10-year loss and provide a detailed summary of the claim or suit whether pending or resolved, including the amount paid and reserved. Loss Run and Details Attached.

11. Have there been any other incidents in the past 10 years which could result in a Claims? Yes No

Describe: _____



Administrative Offices
 301 E 4th Street
 Cincinnati OH 45202-4201
 513 369 5000 ph

SALES RECIEPTS

	Estimated Sales Next Year	Actual Sales This Year	Actual Sales Prior Year	Actual Sales Next Prior Year
Non-Military				
Airline	\$	\$	\$	\$
Fixed Wing-Piston	\$	\$	\$	\$
Fixed Wing-Turbine (Non-Airline)	\$	\$	\$	\$
Helicopter	\$	\$	\$	\$
Spacecraft				
Space Shuttle	\$	\$	\$	\$
Other	\$	\$	\$	\$
Non-Military Sub Total	\$	\$	\$	\$
Military	\$	\$	\$	\$
Fixed Wing	\$	\$	\$	\$
Rotorcraft	\$	\$	\$	\$
Missiles	\$	\$	\$	\$
UAV's (unmanned Aerial Vehicle)	\$	\$	\$	\$
Other	\$	\$	\$	\$
Foreign Military	\$	\$	\$	\$
Fixed Wing	\$	\$	\$	\$
Rotorcraft	\$	\$	\$	\$
Missiles	\$	\$	\$	\$
UAV's (unmanned Aerial Vehicle)	\$	\$	\$	\$
Other	\$	\$	\$	\$
Military Sub Total	\$	\$	\$	\$
GRAND TOTAL	\$	\$	\$	\$

Repair & Servicing of Aircraft and Aviation Products				
Gross Receipts	\$	\$	\$	\$

Describe Repair and/or Servicing Operations: _____

List Principal Customers and Percentage of Sales for Each

Customer Name	% of Sales	Customer Name	% of Sales
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____



Administrative Offices
301 E 4th Street
Cincinnati OH 45202-4201
513 369 5000 ph

Has the Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers? Yes No

If Yes, please provide copies of these warranties or agreements.

X _____
PILOTS SIGNATURE

TODAY'S DATE

Producer _____

Address: _____ City _____ State _____ Zip _____

Telephone No. _____ Fax _____ Email _____