

**APPLICATION FOR MANUFACTURER'S AVIATION PRODUCTS LIABILITY INSURANCE**



NAME OF APPLICANT: \_\_\_\_\_

Address \_\_\_\_\_

Business of Applicant \_\_\_\_\_

Applicant is:  Corporation  Partnership  Other \_\_\_\_\_

List any subsidiary companies, divisions or other entities \_\_\_\_\_

Have any subsidiary companies, divisions or other entities been acquired or divested within the last ten years?  Yes  No

COVERAGE	LIMITS OF LIABILITY DESIRED		
	Each Occurrence	Annual Aggregate	Combined Annual Aggregate
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> GROUNDING LIABILITY	\$ Each Grounding	\$ _____	

<input type="checkbox"/> PREMISES LIABILITY	\$ _____
<input type="checkbox"/> NON-OWNED AIRCRAFT LIABILITY	\$ _____
<input type="checkbox"/> OTHER LIABILITY	\$ _____

SALES	Last Year 20____ (Actual)	Current Year 20____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	Next Year 20____ (Estimated)
	<b>1. NON-MILITARY AVIATION PRODUCTS</b>		
a. Aircraft, airframes, engines, propellers, and components (excluding helicopter products)	\$ _____	\$ _____	\$ _____
b. Helicopters, helicopter airframes, engines, rotors, and components	\$ _____	\$ _____	\$ _____
c. All other non-military aviation products, materials or components	\$ _____	\$ _____	\$ _____
<b>2. MILITARY AVIATION PRODUCTS</b>			
a. Aircraft, airframes, engines, propellers, and components (excluding helicopter products)	\$ _____	\$ _____	\$ _____
b. Helicopters, helicopter airframes, engines, rotors, and components	\$ _____	\$ _____	\$ _____
c. Missiles and missile components	\$ _____	\$ _____	\$ _____
d. All other military components	\$ _____	\$ _____	\$ _____
<b>3. SPACECRAFT AND SPACECRAFT COMPONENTS</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL SALES</b>	\$ _____	\$ _____	\$ _____

**CUSTOMERS** List principal customers and percentages of aviation products sales to each:

CUSTOMER	% OF SALES	CUSTOMER	% OF SALES

**UNDERWRITING INFORMATION**

1. Describe all your aviation products, and state their function and end use. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Applicant has manufactured aviation products for \_\_\_\_\_ years.

3. Attach copies of (a) brochures, specifications or other material describing your products.

(b) your latest annual financial statement, and

(c) warranties you provide.

4. Are any of the applicant's products subject to any Airworthiness Directives?  Yes  No If yes, explain on a separate sheet.

5. Has the applicant recalled any aviation products during the last five years?  Yes  No If yes, explain on a separate sheet.

6. Has the applicant issued any service bulletins relating to aviation products during the last five years?  Yes  No If yes, explain on a separate sheet.

7. Has the applicant discontinued manufacturing any aviation product?  Yes  No If yes, describe the product and give details as to when discontinued, total number of units produced, and amount of past sales for that product on a separate sheet.

8. Does applicant lease aviation or other products to others?  Yes  No If yes, supply copy of leasing contract.

9. Does applicant own or operate any aircraft?  Yes  No

**LOSS HISTORY AND PREVIOUS INSURANCE**

1. Has applicant had any aviation products claims or losses?  Yes  No If yes, explain on a separate sheet.

2. Has any insurer cancelled, declined or refused to renew any aviation products liability insurance?  Yes  No If yes, explain on a separate sheet.

3. Name of last or present aviation products liability insurer: \_\_\_\_\_

Number of years insured with this aviation products liability insurer: \_\_\_\_\_ Expiration date of policy: \_\_\_\_\_

4. Name of last or present general liability insurer: \_\_\_\_\_

Liability limit of last or present general liability policy: \_\_\_\_\_ Expiration date of policy: \_\_\_\_\_

INSURANCE IS REQUESTED FROM 12:01 A.M. \_\_\_\_\_ 19\_\_\_\_ to 12:01 A.M. \_\_\_\_\_ 19\_\_\_\_

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_ Applicant's Signature(s) \_\_\_\_\_

**THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.**

Name of Agent or Broker, **William J. Grohs Aviation, Inc.**

Address, **Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478**

Broker  Agent Are you the holding producer?  Yes  No For how many years? \_\_\_\_\_

Global Aerospace Member insurance company in which agency license held \_\_\_\_\_