

USAIG Aviation Products Liability Insurance Application

Name of Applicant: _____
 Address: _____
 Applicant's business is: _____
 Applicant is: Individual Corporation Partnership (Names of Partners) Other (describe)

Classify business as: (check all that apply) Manufacturer Distributor
 Repair & Service Other: _____

How long has Applicant been in business? _____ years.

Are any of the products manufactured by the Applicant currently the subject of a Federal Aviation Administration (FAA) Airworthiness Directive ? No Yes

Note: The FAA issues an airworthiness directive when: (a) an unsafe condition exists in a product; and (b) that condition is likely to exist or develop in other products of the same type design. No person may operate a product to which an airworthiness directive applies except in accordance with the requirements of that airworthiness directive.

Insurance quotation is for annual period beginning: _____
 Aviation Products & Grounding Liability Aircraft Liability Other: _____
 Limit of Liability: \$ _____

Does Applicant own or operate an aircraft? No Yes

Has Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers?
 No Yes.....Please provide copies of these warranties or agreements.

LOSS HISTORY AND PREVIOUS INSURANCE

EXPLAIN EACH "YES" ANSWER ON A SEPARATE SHEET

Has Applicant had any aviation products claims or losses? No Yes

Has any insurer cancelled, declined or refused to renew any aviation products liability insurance? No Yes

Name of last or present aviation products liability insurer: _____ Policy Expiration: _____

Name of last or present general liability insurer: _____ Policy Expiration: _____

AVIATION PRODUCTS MANUFACTURED BY APPLICANT

AVIATION PRODUCTS	DESCRIPTION OF PRODUCT	MODELS OF AIRCRAFT WHICH UTILIZE PRODUCT	AIRCRAFT SYSTEM(S) IN WHICH PRODUCT IS UTILIZED
FIXED WING AIRCRAFT	Airline		
	Private		
	Military		
ROTARY WING AIRCRAFT	Airline		
	Private		
	Military		
MISSILES & SPACECRAFT			

PLEASE FURNISH COPIES OF CATALOGUES, BROCHURES, ANNUAL REPORTS AND WARRANTIES

AVIATION SALES

GROSS AVIATION SALES		NEXT YEAR	CURRENT YEAR	PRIOR YEAR	2 nd PRIOR YEAR
FIXED	Airline	\$	\$	\$	\$
WING	Private	\$	\$	\$	\$
AIRCRAFT	Military	\$	\$	\$	\$
ROTARY	Airline	\$	\$	\$	\$
WING	Private	\$	\$	\$	\$
AIRCRAFT	Military	\$	\$	\$	\$
MISSILES & SPACECRAFT		\$	\$	\$	\$
TOTALS		\$	\$	\$	\$

CUSTOMERS

List principal customers and percentages of gross aviation products sales to each.

CUSTOMER	% of SALES	CUSTOMER	% of SALES

PROCEDURES

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/Maintenance Manuals | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |

I/We authorize the following agent or broker to represent me/us in the placement of this insurance:

William J. Grohs Aviation, Inc. Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478
name and address of agent or broker

I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Manager of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes immediately due and payable. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ x _____
Personal Signature of Applicant or Authorized Executive is Required

Agent represents following member company(ies) of USAIG: _____