

Aircraft Products Liability Insurance Application

Return W. Brown & Associates Insurance Services PRODUCER: William J. Grohs Aviation, Inc.
To: Aviation Managers For XL Specialty Insurance Co. ADDRESS: Waterbury-Oxford Airport - Tower Building
 19000 MacArthur Boulevard, Suite 700 CITY: Oxford STATE: CT ZIP: 06478
 Irvine, CA 92612 PHONE: (203) 262-1552 FAX: (203) 262-1556

1. Named Insured: _____

2. Address: _____

3. Is the applicant a subsidiary of another organization? No Yes If Yes, provide name and address: _____

4. Does the applicant own or control any subsidiary corporation(s)? No Yes If Yes, provide names & addresses of all subsidiaries: _____

5. Sales Information	Estimated Sales Next <u>12 Months</u>	Actual Sales Previous <u>12 Months</u>
<u>Non-Military Aircraft Products:</u>		
Fixed Wing - Piston Aircraft:	_____	_____
Fixed Wing - Turbine Aircraft:	_____	_____
Helicopter:	_____	_____
Other:	_____	_____
TOTALS:	_____	_____
 <u>Military Aircraft Products:</u>		
Missiles & Spacecraft (exclude Space Shuttle):	_____	_____
Helicopter:	_____	_____
Space Shuttle:	_____	_____
All Others:	_____	_____
TOTALS:	_____	_____
GRAND TOTAL:	_____	_____

6. Policy Period:
 Effective Date: 12:01 A.M. _____, 20 _____ standard time at the address of the Named Insured.

7. Limits of Liability:
 Products (BI) & (PD): \$ _____ Aggregate
 Grounding: \$ _____ Aggregate

8. Describe the aircraft products manufactured or sold by the Named Insured or its subsidiaries (submit brochures or other similar material, if available), and specify the AIRCRAFT AND AIRCRAFT SYSTEMS in which products are used. _____

9. How many years have you operated under your present business name? _____
10. Describe the terms of any basic or extended warranties provided for the aircraft products that you manufacture. Submit samples copies if available. _____

11. Names of key customers to whom your aircraft products are sold: _____

12. Describe testing and engineering controls used to maintain quality control of aircraft products: _____

13. Do you manufacture the entire product? No Yes. If No, describe component part(s) sourced from others.

14. Do you fully assemble the product? No Yes If No, describe assembly services sourced from others. _____

15. Do you maintain and/or service your products? No Yes If Yes, attach full details including copy of your standard written service contract and receipts from this source. _____

16. Are any of your aircraft products flammable, explosive, toxic or otherwise hazardous? No Yes If Yes, attach details.

17. Have you ever been sued or has any claim ever been made against you in connection with any of your aircraft products, whether or not such products are subject of this application? No Yes If Yes, provide the details and status such of claim or suit whether pending or resolved. If resolved, explain manner of such resolution. _____

18. Are you aware of any incident, occurrence or circumstance involving any of the products described on this application which is likely to result in a claim against you? No Yes If Yes, provide details _____

19. Have any of your aircraft products ever been subject to any inquiry or investigation by any Government Agency concerning their operation, use, adequacy of labeling, hazardous contents or safety? No Yes If Yes, set forth full details and results of such inquiry. _____

20. Have any of your aircraft products ever been withdrawn from the market either voluntarily by you or by order of any Government Authority? No Yes If Yes, provide full details. _____

21. Did you discontinue the manufacture of any aircraft product during the past 5 years? No Yes If Yes, attach explanation and sales for such products by year. _____

22. Are you planning to manufacture or market any new aircraft products during the next 12 months? No Yes If Yes, provide full details. _____

23. Have you carried Products Liability insurance in the past? No Yes If Yes, provide the insurer name, policy number and limits for coverage carried during the past 2 years. _____

24. Has any insurer cancelled, declined or refused to renew your Products Liability insurance? No Yes If Yes, provide details: _____

25. Attach your most recent Annual Report. If not available, please state reason: _____

The applicant warrants and agrees that the above answers, including attachments are in all respect true and shall be deemed material and made to induce the company to issue a policy; that the company will reply on the same when issuing a policy and that all pertinent information has been fully disclosed. Applicant understands that submission of this information creates no obligation on the part of the company to provide insurance either on the basis requested or on any other basis. **FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicant's Signature: _____ **Date:** _____