Name of Company: 
Street Address:  
City:  
Prov:  
Postal Code:  
Name of Contact:  
Telephone Number:  
Email Address or Corporate Website:  

Business of the Applicant:
Applicant is: (Check all that apply)  
- Partnership  
- Corporation  
- LLC  
- Other  
Please explain if Other:  
Classify Business As: (Check all that apply)  
- Manufacturer  
- Distributor  
- Repair & Service  
- Other  

How long has Applicant been in business?  

Quotation for Aviation Products Liability Insurance is requested for an annual period beginning:  
Aviation Products & Grounding Limit of Liability desired: $  
Your present Aviation Products Liability Insurance company is:  
Policy Expiration:  

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

Note: Transport Canada or 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.  

Has Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers? (If “Yes” please provide copies of these warranties or agreements.)  
- Yes  
- No  

LOSS HISTORY AND OTHER INSURANCE

EXPLAIN EACH “YES” ANSWER ON PAGE 2.  

Has Applicant had any aviation products claims or losses?  
- Yes  
- No  
Has any insurer cancelled, declined or refused to renew any Aviation Products Liability Insurance?  
- Yes  
- No  
Does Applicant own or operate an aircraft?  
- Yes  
- No  
If “Yes,” please provide name of your present Aircraft insurance company:  
Policy Expiration:  

Name of last or present General Liability insurer:  
Policy Expiration:  

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### AVIATION PRODUCTS MANUFACTURED BY APPLICANT

<table>
<thead>
<tr>
<th>Aviation Products</th>
<th>Description of Product</th>
<th>Models of Aircraft Which Utilize Product</th>
<th>Aircraft System(s) in Which Product is Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Wing Aircraft</td>
<td>Turbine Engine</td>
<td>Military</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All Others</td>
<td></td>
</tr>
<tr>
<td>Rotary Wing Aircraft</td>
<td>Turbine Engine</td>
<td>Military</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All Others</td>
<td></td>
</tr>
<tr>
<td>Spacecraft</td>
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<tr>
<td>Missiles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launch Vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### AVIATION SALES

<table>
<thead>
<tr>
<th>Gross Aviation Sales – End Use Airframe Platform</th>
<th>Next Year</th>
<th>Current Year</th>
<th>Prior Year</th>
<th>2nd Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Wing Aircraft</td>
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<td>Launch Vehicles</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### CUSTOMERS

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

<table>
<thead>
<tr>
<th>Customer</th>
<th>% of Aviation Sales</th>
<th>Customer</th>
<th>% of Aviation Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
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<td>%</td>
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<tr>
<td></td>
<td>%</td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

Use this space for explaining “Yes” answers to previous questions.
I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker:  
Street Address:  
City:  
Prov:  
Postal Code:  
Individual Producer Name:  

I/We represent 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 Canadian Aviation Insurance Managers, Ltd. (Managers of the CAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by Canadian Aviation Insurance Managers, Ltd., the full amount of premium becomes due and payable immediately. I/We authorize Canadian Aviation Insurance Managers, Ltd. to investigate all or any qualifications or statements contained herein.

Date:  
Signature of Applicant:  

CAIG  
CANADIAN AIRCRAFT INSURANCE GROUP  

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