

Aviation Products Liability Insurance Application

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 and 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: _____

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	Turbine Engine			
	Military			
	All Others			
Rotary Wing Aircraft	Turbine Engine			
	Military			
	All Others			
Spacecraft				
Missiles				
Launch Vehicles				

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

AVIATION SALES

Gross Aviation Sales – End Use Airframe Platform		Next Year	Current Year	Prior Year	2 nd Prior Year
Fixed Wing Aircraft	Turbine Engine				
	Military				
	All Others				
Rotary Wing Aircraft	Turbine Engine				
	Military				
	All Others				
Spacecraft					
Missiles					
Launch Vehicles					

CUSTOMERS

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

Customer	% of Aviation Sales	Customer	% of Aviation Sales
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Use this space for explaining “Yes” answers to previous questions.

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: _____

