

# Aviation Products Liability Insurance Application

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 Federal Aviation Administration (FAA) Airworthiness Directive?  Yes  No

**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.*

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 <sup>nd</sup> 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.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE APPLICANTS; Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a felony to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: 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 felony.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 felony, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 felony and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

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

Name of Broker: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency License Number in State of Policyholder's Address: \_\_\_\_\_

Individual Producer Name: \_\_\_\_\_

Individual Producer License Number in State of Policyholder's Address: \_\_\_\_\_

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 United States Aviation Underwriters, Incorporated (Managers 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 due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

