

## Aerospace Products Liability Insurance Application

Name of Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Providence: \_\_\_\_\_ 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 Aerospace Products Liability Insurance is requested for an annual period beginning: \_\_\_\_\_

Aerospace Products & Grounding Limit of Liability desired: \$ \_\_\_\_\_

Your present Aerospace 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 aerospace products claims or losses?  Yes  No

Has any insured cancelled, declined or refused to renew any Aerospace 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: \_\_\_\_\_

**AEROSPACE PRODUCTS MANUFACTURED BY APPLICANT**

Aerospace 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**

**AEROSPACE SALES**

Gross Aerospace 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 Engines				
	Military				
	All Others				
Spacecraft					
Missiles					
Launch Vehicles					

**CUSTOMERS**

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

Customer	% of Aerospace Sales	Customer	% of Aerospace Sales
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

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: \_\_\_\_\_

