



# USG Insurance Services, Inc.

## Application for Aviation Products Liability Insurance

Name of Applicant: \_\_\_\_\_

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

Applicant's business is: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership (Names of Partners)  Other (describe)

Classify business as: (check all that apply)  Manufacturer  Distributor  
 Repair & Service  Other: \_\_\_\_\_

How long has Applicant been in business? \_\_\_\_\_ years.

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

**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.

Insurance quotation is for annual period beginning: \_\_\_\_\_  
 Aviation Products & Grounding Liability  Aircraft Liability  Other: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Does Applicant own or operate an aircraft?  No  Yes

Has Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers?

No  Yes – Please provide copies of these warranties or agreements.

### Loss History and Previous Insurance

Explain each "yes" answer on a separate sheet.

Has Applicant had any aviation products claims or losses?  No  Yes

Has any insurer cancelled, declined or refused to renew any aviation products liability insurance?  No  Yes

Name of last or present aviation products liability insurer: \_\_\_\_\_ 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	Airline Private Military		
ROTARY WING AIRCRAFT	Airline Private Military		
MISSILES & SPACECRAFT			

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## Aviation Sales

Gross Aviation Sales		Next Year	Current Year	Prior Year	2nd Prior Year
FIXED WING AIRCRAFT	Airline	\$	\$	\$	\$
	Private	\$	\$	\$	\$
	Military	\$	\$	\$	\$
ROTARY WING AIRCRAFT	Airline	\$	\$	\$	\$
	Private	\$	\$	\$	\$
	Military	\$	\$	\$	\$
MISSILES & SPACECRAFT		\$	\$	\$	\$
<b>TOTALS</b>		\$	\$	\$	\$

## Customers

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

CUSTOMER	% of SALES	CUSTOMER	% of SALES

## Procedures

Please indicate who:

- |  |                                    |                                   |                                     |
|--|------------------------------------|-----------------------------------|-------------------------------------|
| Inspects Product                       | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |
| Instructs Users                        | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |
| Warns Users                            | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |
| Prepares Operating/Maintenance Manuals | <input type="checkbox"/> Applicant | <input type="checkbox"/> Customer | <input type="checkbox"/> Government |

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

\_\_\_\_\_ name and address of agent or broker

I/We warrant 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 USG Insurance Services, Inc. effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by USG Insurance Services, Inc., the full amount of premium becomes immediately due and payable. I/We authorize USG Insurance Services, Inc. to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_

X \_\_\_\_\_

Personal Signature of Applicant or Authorized Executive is Required