

OLD REPUBLIC INSURANCE COMPANY



AVIATION PRODUCTS LIABILITY INSURANCE APPLICATION

Applicant Information

Name: _____
 Street: _____
 City: _____ State _____ Zip Code _____
 Website Address: _____

Form of business: Corporation Partnership Other (Describe)

List any subsidiary companies, divisions or other entities:

Have any subsidiary companies, divisions or other entities been acquired or divested within the last ten years: Yes No

If "yes" provide a list and indicate whether liability for past production for such acquisitions/diversities is retained.

Policy Period and Coverage Limits

Insurance is requested from 12:01 A.M. _____ to 12:01 A.M. _____

| Coverage | Limits of Liability Desired | | |
|--|-----------------------------|-----------------|---|
| <input type="checkbox"/> Bodily Injury and Property Damage | \$ | Each Occurrence | \$ Annual Aggregate |
| <input type="checkbox"/> Grounding Liability | \$ | Each Occurrence | \$ Annual Aggregate |
| | | | \$ Combined Annual Aggregate |

Underwriting Information

Product Descriptions (please answer all in as much detail as possible):

Describe all your aviation products (the parts or raw materials):

Describe the final components/system your products are a part of and your products function and use:

Are you responsible for the design of the products or are they manufactured to buyer specifications:

List all models of aircraft your products are a part of:

Applicant has manufactured aviation products for _____ years.

Attach copies of :

- (a) contracts where you accept the liability of others or agree to identify others in relation to your products.
- (b) brochures, specifications, or other material describing your products.
- (c) your latest annual financial statement.
- (d) warranties you provide in relation to your products.

Underwriting Information

- Have you recalled or been ordered to recall any aviation products during the last five years? Yes No
- Are any of your products subject to any Airworthiness Directive? Yes No
- Has the applicant issued any service bulletins relating to aviation products during the last five years? Yes No
(If "YES" to any of the 3 above please explain on a separate sheet)
- Have you discontinued manufacturing any aviation product? (If "yes", please describe the product and give details as to when discontinued, total number of units produced, and amount of past sales for the product, on a separate sheet.) Yes No
- Do you lease aviation or other products to others? (If "yes", please supply a copy of leasing contract) Yes No
- Do you own, lease, or operate any aircraft? Yes No
- Do you have any known exposure for non-owned aircraft? Yes No
- Did you install or remove any products from aircraft? Yes No
- Do you have a certified management system in place? (such as ISO 9000, SIO 4000, Lean Manufacturing) Yes No

If "yes", please describe:

Describe Potential Hazards of each Aircraft Product including if: Flammable, Explosive, Corrosive, Poisonous, or Toxic in and Chemical State:

Please Indicate who:

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

Aviation Sales

| Aviation Products | Next Year | Current Year | Prior Year |
|--|-----------|--------------|------------|
| Non-Military Aviation Products | | | |
| a. Aircraft, airframes, engines, propellers and components (excluding helicopter products) | \$ | \$ | \$ |
| b. Helicopters, helicopter airframes, engines, rotors and components | \$ | \$ | \$ |
| c. Unmanned Aerial Vehicles | \$ | \$ | \$ |
| d. All other non-military aviation products, materials or components | \$ | \$ | \$ |
| Military Aviation Products | | | |
| a. Aircraft, airframes, engines, propellers and components (excluding helicopter products) | \$ | \$ | \$ |
| b. Helicopters, helicopter airframes, engines, rotors and components | \$ | \$ | \$ |
| c. Missiles and missile components | \$ | \$ | \$ |
| d. All other aviation products, manufactures components. | \$ | \$ | \$ |
| Spacecraft and Spacecraft Components | \$ | \$ | \$ |
| Total Sales | \$ | \$ | \$ |

Customers

List your principal customers and percentages of aviation products sales to each:

| Customer | % of Sales | Customer | % of Sales |
|----------|------------|----------|------------|
| | | | |
| | | | |

Loss History & Previous Insurance

Have you had any aviation products claims, lawsuits, or losses? (If "yes", please explain on a separate sheet) Yes No

Has any insurer cancelled, declined or refused to renew any aviation products liability insurance?
 (If "yes", please explain on a separate sheet) *Question not valid in Missouri Yes No

Name of last or present aviation products liability insurer: _____

Number of years insured with this aviation products liability insurer: ____ years. Expiration date of policy: _____

Name of last or present general liability insurer: _____

Liability limit of last or present general liability policy: \$ _____ Expiration date of policy: _____

LOSS HISTORY AND/OR ADDITIONAL COMMENTS

ENTER LOSS HISTORY AND/OR ADDITIONAL COMMENTS:

FRAUD WARNINGS

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 crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).
 (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD)* presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

FRAUD WARNINGS CONTINUED

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

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.

APPLICABLE IN FLORIDA and OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicant Signature: _____ Date: _____

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

**Authorized representative of applicant must sign.
The Applicant's agent may not sign this Application for the Applicant.**

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to affect this insurance.

| | |
|----------------------|--|
| Producer Name: _____ | State Producer License No. (Required in FL) <input type="text"/> |
| Signature: _____ | Date: _____ |