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APPLICATION – MANUFACTURER'S AVIATION PRODUCTS LIABILITY INSURANCE

1. A) NAME OF APPLICANT

Company Address: _____

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

Insurance is requested from 12:01 A.M. ____/____/____ (M/D/Y) to 12:01 A.M. ____/____/____ (M/D/Y)

COVERAGE	LIMITS OF LIABILITY DESIRED	
Bodily Injury and Property Damage	\$ _____ Each Occurrence	\$ _____ Annual Aggregate
Grounding Liability	\$ _____ Each Occurrence	\$ _____ Annual Aggregate
		\$ _____ Combined Annual Aggregate

2. UNDERWRITING INFORMATION

a) 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: _____

b) Applicant has manufactured aviation products for ____ years.

- c) Attach copies of :
- descriptions of contracts where you accept the liability of others and such indemnity provisions.
 - brochures, specifications or other material describing your product
 - your latest annual financial statement
 - warranties you provide

d) Are any of your products subject to any Airworthiness Directive? Yes No If Yes, please explain:

e) Have you recalled any aviation products during the last five years? Yes No If Yes, please explain:

f) Has the applicant issued any service bulletins relating to aviation products during the last five years?

Yes No If Yes, please explain: _____

g) Have you discontinued manufacturing any aviation product? Yes No 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:

h) Do you lease aviation or other products to others? Yes No If Yes, supply a copy of leasing contract.

i) Do you own or operate any aircraft? Yes No

j) Do you have any known exposure for non-owned aircraft? Yes No

k) Do you install or remove any products from aircraft? Yes No

3. AVIATION SALES

	LAST YEAR 20____ (ACTUAL)	CURRENT YEAR 20____ (ESTIMATED ACTUAL)	NEXT YEAR 20____ (ESTIMATED)
a) Non-Military Aviation Products			
i) Aircraft, airframes, engines, propellers and components (excluding helicopter products)	\$	\$	\$
ii) Helicopters, helicopter airframes, engines, rotors and components	\$	\$	\$
iii) All other non-military aviation products, materials or components	\$	\$	\$
b) Military Aviation Products			
i) Aircraft, airframes, engines, propellers and components (excluding helicopter products)	\$	\$	\$
ii) Helicopters, helicopter airframes, engines, rotors and components	\$	\$	\$
iii) Missiles and missile components	\$	\$	\$
iv) All other military components	\$	\$	\$
c) Unmanned Aerial Vehicles	\$	\$	\$
d) Spacecraft and Spacecraft Components	\$	\$	\$
e) Total Sales	\$	\$	\$

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

CUSTOMER	% OF SALES	CUSTOMER	% OF SALES
	\$		\$
	\$		\$
	\$		\$

5. LOSS HISTORY AND PREVIOUS INSURANCE

a) Have you had any aviation products claims or losses? Yes No If Yes, please explain:

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

If Yes, please explain: _____

c) Name of last or present aviation products liability insurer: _____

Number of years insured with this aviation products liability insurer: ____ years.

Expiration date of policy: ____ / ____ / ____ (M/D/Y)

d) Name of last or present general liability insurer: _____

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

Expiration date of policy: ____ / ____ / ____ (M/D/Y)

6. NAME OF AGENT OR BROKER: _____

Broker Agent Are you the holding producer? Yes No If Yes, for how many years? _____

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

ARKANSAS AND LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: 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.

DISTRICT OF COLUMBIA FRAUD WARNING: It is a crime 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.

FLORIDA FRAUD WARNING: 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 of the third degree.

KENTUCKY FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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 or a denial of insurance benefits.

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

NEW MEXICO FRAUD WARNING: 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 CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK FRAUD WARNING: 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that such person 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.

OKLAHOMA FRAUD WARNING: 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.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

PENNSYLVANIA FRAUD WARNING: 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 crime and subjects such person to criminal and civil penalties.

TENNESSEE AND VIRGINIA FRAUD WARNING: It is a crime 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 benefit

7. DECLARATION

All particulars herein are declared to be true and complete to the best of my/our 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 the insurer to investigate all or any qualifications or statements contained herein.

Applicant's Signature _____ Date: _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THIS INSURANCE



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