

AVIATION INSURANCE MANAGERS, INC.

11650 CLEVELAND AVENUE, N.W.

UNIONTOWN, OHIO 44685

PHONE: (800) 827-4554 FAX: (330) 494-8600

AIRCRAFT PRODUCTS & COMPLETED OPERATIONS APPLICATION AND SURVEY OF HAZARDS

I. APPLICANT INFORMATION - ANSWER ALL QUESTIONS • USE SEPARATE SHEET OF PAPER, IF NECESSARY

1. TODAY'S DATE: _____
2. APPLICANT IS: INDIVIDUAL PARTNERSHIP CORPORATION HOLDING COMPANY
 SUBSIDIARY OF: _____
 OTHER (EXPLAIN): _____
3. NAME: _____
4. ADDRESS: _____
STREET CITY STATE ZIP
5. LIST ALL OWNED, SUBSIDIARY, AFFILIATED, MANAGED, AND/OR CONTROLLED COMPANIES: _____

II. POLICY TERM AND COVERAGE LIMITS REQUESTED

1. Effective from _____ (A.M.) to 12:01 A.M. _____
2. COVERAGES: **XX** A: PRODUCTS LIABILITY: IN cluding completed operations.
IN cluding spacecraft/satellite.
XX B. GROUNDING LIABILITY:
3. LIMITS OF LIABILITY:
 COVERAGE A =====> \$ _____ EACH OCCURRENCE/GROUNDING/
ANNUAL AGGREGATE
\$ _____ SEPARATE SPACECRAFT AGGREGATE
 COVERAGE B =====> \$ _____ EACH GROUNDING/AGGREGATE
 COVERAGES A & B COMBINED ==> \$ _____ EACH OCCURRENCE/GROUNDING/
ANNUAL AGGREGATE
4. ADDITIONAL COVERAGES: FOREIGN MILITARY HULL; ON-BOARD TESTING;
 INCLUDE VENDORS OTHER _____

**NOTE, IN ORDER FOR PRODUCTS AND/OR COMPLETED OPERATIONS LIABILITY COVERAGE TO RESPOND TO A CLAIM, THERE MUST BE AN OCCURRENCE, WHICH IS DEFINED AS AN "ACCIDENT".

III. GENERAL INFORMATION

1. DOES APPLICANT USES AIRPORT PREMISES? YES NO
2. IF YES, PLEASE DESCRIBE LOCATION, USES, ETC.: _____
3. EARLIEST DATE APPLICANT/SUBSIDIARY BEGAN BUSINESS: _____
4. DESCRIBE ALL AIRCRAFT PRODUCTS AND COMPLETED OPERATIONS (INCLUDING CONTAINERS THEREFOR) DESIGNED, MANUFACTURED, ASSEMBLED, OR DISTRIBUTED BY YOU AND ALL FIRMS SHOWN IN QUESTION #5. (USE SEPARATE SHEET IF NECESSARY)

◆ ANSWER ALL QUESTIONS ◆

IV. AIRCRAFT PRODUCT SALES - INDICATE GROSS RECEIPTS FOR EACH CATEGORY (INCLUDE SUBSIDIARIES)

	<u>PROJECTED 2007 TO 2008</u>	<u>ACTUAL OR PROJECTED 2006 TO 2007</u>	<u>2005 TO 2006</u>	<u>2004 TO 2005</u>
NON-MILITARY				
FIXED WING-PISTON				
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
PROPELLER	\$ _____	\$ _____	\$ _____	\$ _____
FIXED WING-TURBINE				
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
HELICOPTER				
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
ROTORS	\$ _____	\$ _____	\$ _____	\$ _____
B747, B757, B767, DC-10, MD-11, L-1011, A300, A310, A340, CONCORDE (CIRCLE AIRCRAFT TO BE COVERED)				
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
RVP'S (REMOTELY PILOTED VEHICLES)				
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
COMMERCIAL SPACECRAFT				
SPACE SHUTTLE	\$ _____	\$ _____	\$ _____	\$ _____
DESCRIBE: _____	\$ _____	\$ _____	\$ _____	\$ _____
HOT AIR BALLOONS				
"BLIMPS"	\$ _____	\$ _____	\$ _____	\$ _____
HANG GLIDERS				
"ULTRA LIGHTS"	\$ _____	\$ _____	\$ _____	\$ _____
HOME BUILT AIRCRAFT				
MILITARY				
MISSILES/RVP'S	\$ _____	\$ _____	\$ _____	\$ _____
SPACECRAFT	\$ _____	\$ _____	\$ _____	\$ _____
U.S. AIRCRAFT				
FIXED WING				
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
ROTORCRAFT				
ENGINE	\$ _____	\$ _____	\$ _____	\$ _____
AIRFRAME	\$ _____	\$ _____	\$ _____	\$ _____
OTHER: _____	\$ _____	\$ _____	\$ _____	\$ _____
FOREIGN MILITARY AIRCRAFT				
	\$ _____	\$ _____	\$ _____	\$ _____
GRAND TOTAL:				
	\$ _____	\$ _____	\$ _____	\$ _____
REPAIR & SERVICING OF AIRCRAFT AND AVIATION PRODUCTS:				
GROSS RECEIPTS	\$ _____	\$ _____	\$ _____	\$ _____

◆ ANSWER ALL QUESTIONS ◆

V. PRINCIPAL CUSTOMERS - SHOW CURRENT PRINCIPAL CUSTOMERS AND PERCENTAGE OF SALES FOR EACH

_____ %	_____	_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____	_____ %	_____

VI. GENERAL INFORMATION - USE ADDITIONAL PAPER IF NECESSARY TO COMPLETE QUESTIONS.

1. APPLICANT IS: [] ORIGINAL EQUIPMENT DESIGNER/MANUFACTURER; [] SUB-CONTRACTOR
 [] DISTRIBUTOR; [] MODIFICATION SERVICE; [] REPAIR SERVICE; [] OTHER
 If "Other", Please Describe: _____
2. ATTACH COPIES OF ALL AIRCRAFT PRODUCT(S) SALES BROCHURE(S) _____ ATTACHED
3. DESCRIBE/ATTACH COPIES OF ALL AIRCRAFT PRODUCT WARRANTY(S) _____ ATTACHED

4. DESCRIBE PRODUCT ENGINEERING & TESTING CONTROLS, INCLUDING NAMES OF OUTSIDE FIRMS AND
 GOVERNMENTAL AGENCIES INVOLVED IN MAINTAINING QUALITY CONTROL.

5. LIST ALL PRODUCTS DISCONTINUED & COMPANIES SOLD/TERMINATED FOR WHICH COVERAGE IS
 REQUIRED: _____

6. DESCRIBE MODIFICATIONS TO CURRENT PRODUCTS AND DESCRIBE ALL NEW AIRCRAFT PRODUCTS FOR
 NEXT 12 MONTHS. _____
 (A) DESCRIBE WHY MODIFICATIONS ARE/WERE NECESSARY: _____
7. LIST ALL LIQUID CHEMICAL AIRCRAFT PRODUCTS. _____

8. DESCRIBE POTENTIAL HAZARDS OF ALL AIRCRAFT PRODUCTS INCLUDING FLAMMABLE, EXPLOSIVE,
 CORROSIVE, POISONOUS, OR TOXIC IN ANY CHEMICAL STATE. _____

9. DESCRIBE/ATTACH COPIES OF WARNINGS OF POTENTIAL HAZARDS. [] COPIES ATTACHED

10. LIST BY MAKE & MODEL SPACECRAFT YOUR PRODUCT(S) ARE A PART OF: _____

11. LIST LAUNCH VEHICLE(S) FOR EACH SPACECRAFT: _____

12. LIST ANTICIPATED SPACECRAFT LAUNCH DATES: _____
13. WHAT PORTIONS OF THE PRODUCT(S) ARE MANUFACTURED OR ASSEMBLED BY OUTSIDE FIRMS?
 PRODUCT: _____
 FIRM: _____
14. WHAT PRODUCTS ARE MANUFACTURED TO THE SPECIFICATIONS OF OTHERS BY APPLICANT OR ANY
 SUBSIDIARY?
 PRODUCT: _____
 FIRM: _____

◆ ANSWER ALL QUESTIONS ◆

VI. GENERAL INFORMATION - USE ADDITIONAL PAPER IF NECESSARY TO COMPLETE QUESTIONS.

15. DOES ANY APPLICANT OR SUBSIDIARY THEREOF SELL OR DISTRIBUTE PRODUCTS OF OTHERS? _____

PRODUCT: _____

FIRM: _____

16. DESCRIBE REPAIR AND/OR SERVICE OPERATIONS: _____

17. DESCRIBE/ATTACH COPIES OF SERVICE CONTRACTS. [] COPIES ATTACHED

18. DESCRIBE/ATTACH COPIES OF ALL AIRCRAFT PRODUCTS HOLD HARMLESS OR INDEMNIFICATION CONTRACTS: [] COPIES ATTACHED

19. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO:
- (a) MANUFACTURER'S FACTORY SERVICE BULLETIN OR ADVISORY? _____ YES _____ NO
 - (b) AIRWORTHINESS DIRECTIVE? _____ YES _____ NO
 - (c) EMERGENCY AIRWORTHINESS DIRECTIVE? _____ YES _____ NO
 - (d) RECALL BY: (I) ANY APPLICANT _____ YES _____ NO
 - (II) ANY OTHER FIRM OR? _____ YES _____ NO
 - (III) GOVERNMENTAL AGENCY? _____ YES _____ NO

DESCRIBE ANY ITEM ABOVE ANSWERED "YES": _____

VII. LOSS INFORMATION

1. Describe all Aviation Products related Losses within the last ten (10) years:

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT PAID</u>	<u>AMOUNT RESERVED</u>

2. HAVE THERE BEEN ANY OTHER INCIDENTS IN THE PAST 10 YEARS WHICH COULD RESULT IN A CLAIM? _____ YES _____ NO IF YES, DESCRIBE: _____

3. HAS ANY SUBSIDIARY, AFFILIATED, OWNED OR MANAGED FIRM, OR APPLICANT'S PRODUCTS LIABILITY BEEN "SELF-INSURED", OR NOT INSURED, WITHIN THE PAST 10 YEARS? _____ YES _____ NO IF YES, DESCRIBE AND GIVE DATES: _____

4. HAS ANY PRODUCTS LIABILITY INSURANCE BEEN CANCELED, REFUSED OR NON-RENEWED? _____ YES _____ NO IF YES, DESCRIBE AND GIVE DATES: _____

5. WILL YOU BE PURCHASING EXCESS COVERAGE OVER THIS INSURANCE? [] YES [] NO

VIII. CURRENT INSURANCE

NAME OF CURRENT INSURANCE COMPANY _____

EXPIRATION DATE: _____

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, 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 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 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 CRIME.”

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 MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

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 FLORIDA APPLICANTS: “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 THE THIRD DEGREE.”

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 REGULATORY AUTHORITIES.”

NOTICE TO MAINE APPLICANTS: “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 BENEFITS.”

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 CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

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 CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO VIRGINIA APPLICANTS: “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 BENEFITS.”

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE. I/WE UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL ("UNDERWRITERS" STATED IN SECTION I "INSURER" ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE "UNDERWRITERS", THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/WE AUTHORIZE THE "UNDERWRITERS" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.

DATE _____ **PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE** _____