AIG Aerospace
Insurance Services, Inc.

AIRCRAFT PRODUCTS & COMPLETED OPERATIONS APPLICATION & SURVEY OF HAZARDS

1. Applicant's Name _____

2. Address _____
Street City State Zip

3. Applicant is: Individual Partnership Corporation Holding Company

Subsidiary of _____ Other _____
Describe

4. List all owned, subsidiary, affiliated, managed or controlled companies below.

_____
(Answer all questions - use separate sheet of paper if needed)

5. Web Address/Product Descriptions _____

POLICY COVERAGES & LIMITS

6. **POLICY PERIOD:** From _____ 20 _____ To _____ 20 _____ at 12:01 AM
STANDARD TIME AT THE ADDRESS IN ITEM 4 ABOVE

7. **COVERAGES:** A: PRODUCTS LIABILITY
B: GROUNDING LIABILITY

8. **LIMITS OF LIABILITY**
COVERAGE **A**: $ _____ each occurrence, and annual aggregate.
$ _____ separate spacecraft aggregate.
COVERAGE **B**: $ _____ annual aggregate.
COVERAGE **A & B** combined: $ _____ annual aggregate.

9. **INSURED'S CONTRIBUTION**
COVERAGE **A** AMOUNT: $ _____ each occurrence
COVERAGE **B** PARTICIPATION: _____ % each grounding.

10. **ADDITIONAL COVERAGES** FOREIGN MILITARY AIRCRAFT PRODUCTS
PROPERTY DAMAGE TO SPACECRAFT ON-BOARD TESTING INCLUDE VENDORS
OTHER_____
(DESCRIBE)

11. GENERAL INFORMATION

a) Applicant Owns Charters Aircraft? Yes No
(I) Describe Aircraft _____
(II) Policy expiration date _____

b) Applicant uses airport premises? Yes No

_____
(DESCRIBE: LOCATION & USES)

12. Earliest date applicant/subsidiary began business _____

13a) Describe all aircraft products, designed, manufactured, assembled, repaired, serviced or distributed by you and all firms shown in item 4 above. _____

_____
(USE SEPARATE SHEET OF PAPER TO COMPLETE FULLY)

_____

_____

_____

_____

b) What part of the aircraft engine or system is your product installed or used?_____

_____

c) What is the function or purpose of your product? _____

_____

CONTINUED ON REVERSE SIDE

14. **AIRCRAFT PRODUCT SALES**
INCLUDING ALL SUBSIDIARIES, ETC

	NEXT YEAR	THIS YEAR	LAST YEAR	PRIOR YEAR	NEXT PRIOR YEAR
NON-MILITARY					
FIXED WING-PISTON	20_____	20_____	20_____	20_____	20_____
Airframe	$	$	$	$	$
Engine	$	$	$	$	$
Propeller	$	$	$	$	$
FIXED WING-TURBINE (General Aviation)					
Airframe	$	$	$	$	$
Engine	$	$	$	$	$
HELICOPTER					
Airframe	$	$	$	$	$
Engine	$	$	$	$	$
Rotors	$	$	$	$	$
COMMERCIAL AIRFRAME ENGINE					
Airframe	$	$	$	$	$
Engine	$	$	$	$	$
(Commercial Wide Body ie: Boeing 700 Series, Airbus 300 Series, DC10/MD11 _____					
UAV (Unmanned Aerial Vehicle)	$	$	$	$	$
COMMERCIAL SPACECRAFT					
Space shuttle	$	$	$	$	$
Describe_____	$	$	$	$	$
BALLOONS (BLIMPS)	$	$	$	$	$
ULTRA LIGHTS (HANG GLIDERS)	$	$	$	$	$
HOME BUILT AIRCRAFT	$	$	$	$	$
LIGHT SPORT AIRCRAFT	$	$	$	$	$
MILITARY					
Missiles/RVP's	$	$	$	$	$
Spacecraft	$	$	$	$	$
U.S. Aircraft	$	$	$	$	$
FIXED WING					
Engine	$	$	$	$	$
Airframe	$	$	$	$	$
ROTORCRAFT					
Engine	$	$	$	$	$
Airframe	$	$	$	$	$
REPAIR & SERVICING OF AIRCRAFT AND AVIATION PRODUCTS					
Gross Receipts	$	$	$	$	$
GRAND TOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

15. The Firms above are: ☐ Original Equipment Designer/Manufacturers ☐ Sub-Contractors
☐ Distributor ☐ Modification Service ☐ Repair Service
☐ Other _____
(DESCRIBE)

16. Attach Copies of all aircraft products sales brochures. ☐ Attached

17. Describe/Attach Copies of ALL aircraft product warranties. ☐ Attached _____

_____

_____

_____

18. Describe product engineering & testing controls, including names of outside firms and governmental agencies involved in maintaining quality control.

_____

_____

_____

19. **CUSTOMERS/SALES** (SHOW CURRENT PRINCIPAL CUSTOMERS AND PERCENTAGE OF SALES FOR EACH)

CUSTOMER: **SALES %:**

20. List all products discontinued and companies sold/terminated for which coverage is required.

21. Describe modifications to current products and describe all new aircraft products for next 12 months.

22. Describe why modifications necessary

23. List all liquid chemical aircraft products.

24. Describe potential hazards of all aircraft products including If: Flammable, explosive, corrosive poisonous or toxic in any chemical state

25. Describe/attach copies of warnings of potential hazards. Copies attached

26. List make & Model Spacecraft your product(s) are a part of

27. List launch vehicle(s) for each spacecraft.

28. List anticipated spacecraft launch date

29. What portion of the product(s) are manufactured to customer design specifications?

30. What portions of the product(s) are manufactured or assembled by outside firms?
    Product:
    Firm:

31. What products are manufactured to the specifications of others by applicant or any subsidiary?
    Product:
    Firm:

32. Does any applicant or subsidiary thereof sell or distribute products of others? Yes No
    Product:
    Manufacturer:

33. Describe repair and/or service operations

34. Describe/attach copies of service contracts. Copies attached

35. Have you signed a contract involving your aircraft products in which you (or any firm listed in question number 4) hold harmless or indemnification others. ☐ Copies attached Describe: _____

_____

_____

36. 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": _____

_____

37. **LIST ALL CLAIMS FOR PAST 10 YEARS**

DATE OF LOSS	DESCRIPTION OF CLAIM	NAME OF INSURANCE COMPANY	POLICY NUMBER	SETTLEMENT AMOUNT	DEFENSE COSTS	OUTSTANDING RESERVES
				$	$	$

USE SEPARATE SHEET TO COMPLETE CLAIMS INFORMATION IF NEEDED.

38. Have there been any other incidents in past 10 years which could result in a claim? ☐ Yes ☐ No

Describe: _____

_____

39. Attach copy of applicant's annual financial report. Attached

40. Has any subsidiary, affiliated, owned or managed firm, or applicant's products Liability been self-insured or not insured in the past 10 years? ☐ Yes ☐ No

Describe, Including Dates: _____

_____

41. Has any products liability insurance been cancelled, refused or non-renewed (Note: Missouri applicants Do Not Respond) ☐ Yes ☐ No

Explain: _____

_____

42. Name of current insurance company _____

43. Expiration date of current aircraft products insurance policy: _____

44. Will you be purchasing excess coverage over this insurance? ☐ Yes ☐ No

FRAUD WARNINGS (Last updated 10/21)

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

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA 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 CALIFORNIA APPLICANTS: 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.

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 OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 THAT 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.

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 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 INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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 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, 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 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 OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON 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 OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND *NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE (*NOT APPLICABLE IN MISSOURI). MONTANA RESIDENTS: PURSUANT TO MONTANA STATUTE 33-15-403, ALL STATEMENTS AND DESCRIPTIONS MADE IN THIS APPLICATION SHALL BE CONSIDERED TO BE REPRESENTATIONS AND NOT WARRANTIES. 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.

X _____ _____

Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____

Address_____ City _____ State Zip _____

Telephone No._____ Fax No. _____

Email Address _____