



51 Harvard Street
Worcester, MA 01609
Phone: 508-755-6210
Fax: 508-753-0646
www.quakerma.com

Aircraft Products Liability Application

Please complete all information and sign and date at bottom.
This document does not provide any coverage or amend any existing coverage.

GENERAL INFORMATION

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Current Insurance Carrier: _____ Current Coverage Expires: _____

Applicant is: (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> an Individual | <input type="checkbox"/> a Partnership* (explain below) | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Assembly, Forging or Processing-
only to Customer's Specifications |
| <input type="checkbox"/> a Corporation | <input type="checkbox"/> Subsidiary* (explain below) | <input type="checkbox"/> Distributor | |
| <input type="checkbox"/> a Holding Company | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Repair & Service | <input type="checkbox"/> Other _____ |

*Name each partner or list all owned subsidiary companies:

How long has the applicant been in business? _____

LIMITS OF INSURANCE REQUESTED

COVERAGE A: BODILY INJURY OR PROPERTY DAMAGE LIABILITY	\$ _____	EACH OCCURRENCE AND ANNUAL AGGREGATE
COVERAGE B: GROUNDING LIABILITY	\$ _____	EACH GROUNDING AND ANNUAL AGGREGATE
COVERAGES A AND B: COMBINED	\$ _____	ANNUAL AGGREGATE

PRODUCT INFORMATION

- Describe All Aircraft Products Designed, Manufactured, Assembled, Processed, Repaired/Service, or Distributed by the Applicant or its Subsidiaries (submit brochures/website address).

- Aircraft and/or Aircraft Systems in which Products are used:

- Does the Applicant or its Subsidiaries manufacture the entire Product? Yes No
If No, describe component part(s) sourced from Others: _____

4. Does the Applicant or its Subsidiaries fully assemble the Product? Yes No
If No, describe assembly services sourced from Others: _____

5. Does the Applicant or its Subsidiaries maintain and/or service the Products? Yes No
If Yes, please attach a copy of your standard written service contract.

6. Describe Product Engineering & Testing Controls, Including Names of Outside Firms and Governmental Agencies Involved in Maintaining Quality Control:

7. List all Products Discontinued and Companies Sold/Terminated for which Coverage is Required:

8. Describe Potential Hazards of all Aircraft Products including if: Flammable, Explosive, Corrosive, Poisonous or Toxic in any Chemical State:

9. Have Any Aircraft Products Ever Been Subject to:

- | | | | |
|-----|--|------------------------------|-----------------------------|
| (a) | Manufacturer's Factory Service Bulletin or advisory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) | Airworthiness Directive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) | Emergency Airworthiness Directive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) | Recall by | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (i) Any Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (ii) Any Other Firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (iii) Any Governmental Agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain all YES answers (attach separate sheet, if necessary):

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
	Wams 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

10. Has the Applicant or its Subsidiaries ever been sued or has any claim ever been made against the company with regard to its Aircraft Products? Yes No

If Yes, please attach a 10-year loss and provide a detailed summary of the claim or suit whether pending or resolved, including the amount paid and reserved. Loss Run and Details Attached

11. Have there been any other incidents in the past 10 years which could result in a Claim? Yes No
Describe: _____

SALES RECEIPTS	Estimated Sales <u>Next Year</u>	Actual Sales <u>This Year</u>	Actual Sales <u>Prior Year</u>	Actual Sales <u>Next Prior Year</u>
Non-Military				
Airline	\$ _____	\$ _____	\$ _____	\$ _____
Fixed Wing-Piston	\$ _____	\$ _____	\$ _____	\$ _____
Fixed Wing-Turbine (Non Airline)	\$ _____	\$ _____	\$ _____	\$ _____
Helicopter	\$ _____	\$ _____	\$ _____	\$ _____
Spacecraft				
Space Shuttle	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Non-Military Sub Total	\$ _____	\$ _____	\$ _____	\$ _____
Military				
Fixed Wing	\$ _____	\$ _____	\$ _____	\$ _____
Rotorcraft	\$ _____	\$ _____	\$ _____	\$ _____
Missiles	\$ _____	\$ _____	\$ _____	\$ _____
UAV's (unmanned Aerial Vehicle)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Foreign Military				
Fixed Wing	\$ _____	\$ _____	\$ _____	\$ _____
Rotorcraft	\$ _____	\$ _____	\$ _____	\$ _____
Missiles	\$ _____	\$ _____	\$ _____	\$ _____
UAV's (unmanned Aerial Vehicle)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Military Sub Total	\$ _____	\$ _____	\$ _____	\$ _____
GRAND TOTAL	\$ _____	\$ _____	\$ _____	\$ _____
Repair & Servicing of Aircraft and Aviation Products				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____

Describe Repair and/or Servicing Operations: _____

List Principal Customers and Percentage of Sales for Each

Customer Name	% of Sales	Customer Name	% of Sales
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

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

Yes No

If Yes, please provide copies of these warranties or agreements.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; 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.

Applicant: _____

Title: _____

Applicant's Signature: _____

Date: _____

Producer: _____

State / License No.: _____ / _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: - - _____ Fax: - - _____