

AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR NON-OCCURRENCE GROUNDING LIABILITY INSURANCE

(Attach supplemental page(s) if space allotted is insufficient)

1. Name and Address of Applicant:

_____ Corporation
Partnership
Other: _____

2. List any subsidiary corporation to be covered (requires majority ownership):

3. Identify any Aircraft and/or Aircraft Engine manufacturers to whom you sell or supply parts directly:

4. Do you sell or supply products to other component parts manufacturers for inclusion in their aircraft products? No Yes

If yes, please identify such customers:

5. Do any of the products which you sell or supply contain components manufactured by others? No Yes

If yes, please identify your main sub-contractors:



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR NON-OCCURRENCE GROUNDING LIABILITY INSURANCE

6. Give details of any contractual obligations arising out of the sale or purchase of any products in relation to 3, 4 or 5 above:

7. Do any of your products have a limited service life? No Yes
If yes, please give details:

8. Do your products bear any identification marks or serial number? No Yes

9. Are records kept of all sales? No Yes
If yes, for how long? _____

10. Are subsequent re-sales reported and recorded? No Yes

11. Do you have a Product Integrity Program in place? No Yes
If so, please give details:

12. Give details of any Mandatory Order or Airworthiness Directive (AD) applied to any product sold or supplied by you which has caused aircraft to be immediately withdrawn from service:



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR NON-OCCURRENCE GROUNDING LIABILITY INSURANCE

13. Give details if you are aware of any circumstance which may give rise to the issue of an Airworthiness Directive (AD) relating to your products and which may require the immediate withdrawal of aircraft from service or corrective measures to be undertaken:

14. Limit of Liability required: USD _____

Please note that the Policy will be limited to a maximum amount of USD50,000,000 and subject to a Contribution by the Insured of 15% of all claims and expenses.

15. To the best of my knowledge and belief, the particulars detailed in this application form are correct and complete at the date of signing.

Signed: _____ Title: _____

Date: _____

Address if other than in 1 above:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

16. Name and address of broker:

Company: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

17. Name and address of surplus line broker or London representative:

Company: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

ABC0014F

www.aircraftbuilders.com

