

AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

1. Name and Address of Applicant:

- Corporation
- Partnership
- Other: _____

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

3. ***New Applicants Only-***

List any subsidiary corporations which have been acquired or divested within the last ten years, and indicate whether liability for past production for such acquisitions/divestitures is retained:

4. Classify business as (check all that apply):

- Aircraft Component Part Manufacturer
- Aircraft Servicer/Repairer (if checked, please refer to the Aircraft Servicers and Repairers Application)
- Other: _____

5. In which year did such aircraft product related operations commence: _____



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE
Sales

A. Non-Military Aircraft Products

	Current Year 20__ ___ Est. ___ Actual	Next Year 20__ ___ Est.
Airframes (wide body)	USD _____ USD _____	USD _____
Airframes (narrow body)	USD _____ USD _____	USD _____
Engines	USD _____ USD _____	USD _____
Helicopters	USD _____ USD _____	USD _____
General Aviation	USD _____ USD _____	USD _____
Propellers	USD _____ USD _____	USD _____
Components	USD _____ USD _____	USD _____
Commercial Spacecraft	USD _____ USD _____	USD _____
Commercial Shuttle	USD _____ USD _____	USD _____
Total Sales Section A	USD _____ USD _____	USD _____



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

B. Military Aircraft Products*

	Current Year 20__ ____ Est. ____ Actual	Next Year 20__ ____ Est.
Airframes	USD _____ USD _____	USD _____
Engines	USD _____ USD _____	USD _____
Helicopters	USD _____ USD _____	USD _____
Propellers	USD _____ USD _____	USD _____
Components	USD _____ USD _____	USD _____
Missiles / Spacecraft	USD _____ USD _____	USD _____
Total Sales Section B	USD _____ USD _____	USD _____
Grand Total All Sections	USD _____ USD _____	USD _____

* Advise amount of sales in respect of direct Foreign Military Hull exposure: USD _____
and type of aircraft involved if known:



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

6. Coverage required from the ABC facility:

- Aircraft Products & Grounding Liability
- Non-Occurrence Grounding Liability*
- Owned Aircraft Liability
- Product Recall*
- Airside Operations Liability
- Non-Owned Aircraft Liability**

* Supplementary application form must be completed

** Please see below

7. Policy Period:

Effective Date: 12.01 A.M. _____ 20__ Standard time
Expiration Date: 12.01 A.M. _____ 20__ at the address
of the applicant

8. Limit of Liability: USD _____

9. Are owned aircraft operated by the Applicant? No Yes

If yes, please supply a schedule, pilot information and estimated utilization:

** If non-owned aircraft liability is required please supply full information on Charters, underlying limits of liability carried, number of hours, maximum seating required and underlying Policy Numbers. Please also confirm you are added as additional insured under the Charters Policy.



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

SURVEY OF HAZARDS

(Attach supplemental schedule if space allotted is insufficient)

10. State the nature and describe the aircraft products manufactured or sold by the applicant or its subsidiaries (submit brochure or other similar material, if available):

11. State historical experience in manufacturing or selling each product (for losses see item 18):

12. Describe what indemnities/ warranties are provided on such aircraft products and submit copies if available:

13. Names of your top 5 customers to whom such products are sold, and percentage of sales to each:

14. State whether the applicant has a management system certified to an:

ISO 9000 No Yes ISO 14000 No Yes
AS 9000 No Yes AS 9100 No Yes
AS 9110 No Yes AS 9120 No Yes

Any other applicable certs? _____



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

15. Describe testing and engineering controls used to maintain quality of aircraft products:

16. State to what level of quality control you operate by specifying which standards apply to your aircraft products for:

a) Non-Military Production: _____

b) Military Production: _____

17. Give anticipated launch dates where known of commercial and STS space programmes in which products are involved, stating the operational objectives of each projected launch and giving details of payloads and payload valuations:

18. Have there been any incidents likely to generate a products liability claim in at least the last 10 years. If so, give details:

19. Is/has any product been the subject of a grounding by the FAA, EASA or any other regulatory authority. If so, give details:

20. Has any product been subject to an Airworthiness Directive? If so, give details:



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

21. Has any insurer cancelled, declined or refused to provide you aircraft products liability insurance? If so, give details:

22. Name of present insurer, if uninsured, please state none:

23. Name and address of broker:

Company: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

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

Company: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

25. Would you like to receive details of the ABC Annual Conference? No Yes



AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

In presenting this information the applicant declares that to their knowledge no feature exists of any aircraft product to be insured that would require, in their judgement, that it be grounded or replaced as unsafe, and with respect to which remedial action has not been or is not being taken and that the details provided in this application form are correct at the date of signing.

Title: _____ Signed By: _____

Date: _____

Applicant

Company: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Person Responsible for Placement: _____

Telephone: _____ Email: _____

