

AIRCRAFT BUILDERS COUNCIL, INC.

APPLICATION FOR AIRCRAFT SERVICERS & REPAIRERS, PRODUCTS AND PUBLIC
LIABILITY INSURANCE

1. Name and Address of Applicant:

Corporation
 Partnership
 Other: _____

2. List any subsidiary corporations 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:



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4. Estimated Annual Receipts - Following 12 Months:

Service and Repair Work		USD _____
Sale of Spares		USD _____
Sale of Aircraft	New	USD _____
	Used	USD _____
Sale of Fuel / Oil		USD _____
TOTAL		USD _____

5. Period of Insurance:

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

6. Limits of Liability:

COVERAGE A & B (PI/PD and Grounding) Aggregate	USD _____
COVERAGE B (Grounding) Aggregate	USD _____
COVERAGE C (PI/PD) Occurrence	USD _____
COVERAGE D (PD) Occurrence	USD _____

SURVEY OF HAZARDS

(Attach supplemental schedule if space allotted is inadequate)

ABC 2021/22 ABC0025H
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7. Name Locations at which main Aircraft service and repair operations are undertaken:

8. State types of Aircraft worked on:

9. State what Licenses apply to the work performed:

10. In respect of Aircraft belonging to others in your care custody and control advise:

Maximum Value any one Aircraft: USD _____

Maximum Value any one Location: USD _____

Maximum number of Aircraft at any one time: _____

11. State the number of vehicles operated by you or on your behalf that are licensed to operate airside: _____

12. Are the hangars and workshops sprinklered? No Yes

13. Do you have foam fire suppressant in your hangars? No Yes

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? _____

15. Advise details of any contractual or hold harmless agreements with third parties affecting your potential liability:



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

17. Describe any warranties provided in respect of work undertaken (submit copies if available):

18. Advise details of any incidents during the last 10 years giving rise to claims:

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

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

21. Name and address of broker:

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Company: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

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

Company: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

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

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.

Signed: _____ Title: _____
Name: _____ Date: _____
Telephone: _____ Email: _____
Date: _____

