

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	_____



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SURVEY OF HAZARDS

(Attach supplemental schedule if space allotted is inadequate)

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? _____



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

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:



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

21. Name and address of broker:

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: _____

ABC 2022/23 ABC0025H
www.aircraftbuilders.com

