

**AIRCRAFT BUILDERS COUNCIL, INC.**

AIRCRAFT BUILDERS COUNCIL SERVICERS, REPAIRERS AND  
NON-OWNED AIRCRAFT LIABILITY

APPLICATION FOR AIRCRAFT SERVICERS AND REPAIRERS  
PRODUCTS AND PUBLIC LIABILITY INSURANCE AND NON-OWNED AIRCRAFT  
LIABILITY INSURANCE

Name and Address of Applicant:

\_\_\_\_\_  Corporation  
\_\_\_\_\_  Partnership  
\_\_\_\_\_  Other  
\_\_\_\_\_

List any subsidiary corporations to be covered (requires majority ownership)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Applicants Only-

***List any subsidiary corporations which have been acquired or divested within the last ten years?  
Indicate whether liability for past production for such acquisitions/divestitures is retained?***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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	<u>_____</u>



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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.

Limits of Liability:

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

SURVEY OF HAZARDS

(Attach supplemental schedule if space allotted is inadequate)

Name Locations at which main Aircraft service and repair operations are undertaken

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State types of Aircraft worked on

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State what Licenses apply to the work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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      \_\_\_\_\_

Maximum number of seats to be covered      \_\_\_\_\_

Does this include passengers/crew?      YES/NO (please delete as applicable)

Are you added as an additional insured under the operator/s policies?  
YES/NO (please delete as applicable)

**NB It is a requirement of granting Non-Owned Aircraft Liability Insurance that you  
use your best endeavours to be added as an additional insured to the operator/s  
policy/ies.**

State the number of vehicles operated by you or on your behalf that are licensed to operate airside  
\_\_\_\_\_

Advise the Fire rate for insurance of your hangars and workshops \_\_\_\_\_

State whether the applicant has a management system certified to an

ISO 9000 standard       No       Yes

ISO 14000 standard       No       Yes

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Advise the name of your major customers:

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

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Advise details of any incidents during the last 5 years giving rise to claims:

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Has any Insurer cancelled, declined or refused to provide the applicant with coverage: \_\_\_\_\_

Name of present Insurer, if any:

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Name and address of broker:

COMPANY: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Name and address of surplus line broker or London representative:

COMPANY: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

In presenting this information the applicant declares that to his knowledge no feature exists of any aircraft product to be insured that would require, in his 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: \_\_\_\_\_

Facsimile: \_\_\_\_\_

