

13. AIRCRAFT PRODUCT SALES					
Including All Subsidiaries, etc.					
NON-MILITARY	NEXT YEAR	THIS YEAR	LAST YEAR	PRIOR YEAR	NEXT PRIOR YEAR
Fixed Wing-Piston	20	20	20	20	20
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Propeller	\$	\$	\$	\$	\$
Fixed Wing-Turbine					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Helicopter					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Rotors	\$	\$	\$	\$	\$
AIRCRAFT TO BE COVERED (Check all that apply): <input type="checkbox"/> B747 <input type="checkbox"/> B757 <input type="checkbox"/> DC-10 <input type="checkbox"/> MD-11 <input type="checkbox"/> L-1011					
<input type="checkbox"/> A300 <input type="checkbox"/> A310 <input type="checkbox"/> A340 <input type="checkbox"/> Concorde					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Describe All RVPs (Remotely Piloted Vehicles):					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
Commercial Spacecraft					
Space Shuttle	\$	\$	\$	\$	\$
Other (Describe):	\$	\$	\$	\$	\$
Balloons (Hot Air)	\$	\$	\$	\$	\$
Blimps	\$	\$	\$	\$	\$
Hang Gliders	\$	\$	\$	\$	\$
Ultra Lights	\$	\$	\$	\$	\$
Home-built Aircraft	\$	\$	\$	\$	\$
MILITARY	NEXT YEAR	THIS YEAR	LAST YEAR	PRIOR YEAR	NEXT PRIOR YEAR
Missiles/RVPs	\$	\$	\$	\$	\$
Spacecraft	\$	\$	\$	\$	\$
U.S. Aircraft	\$	\$	\$	\$	\$
FIXED WING					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
ROTORCRAFT					
Airframe	\$	\$	\$	\$	\$
Engine	\$	\$	\$	\$	\$
OTHER	\$	\$	\$	\$	\$
(Describe):					
Foreign Aircraft	\$	\$	\$	\$	\$
GRAND TOTAL	\$	\$	\$	\$	\$
REPAIR & SERVICING OF AIRCRAFT AND AVIATION PRODUCTS					
Gross Receipts	\$	\$	\$	\$	\$
<p>14. The firms above are: <input type="checkbox"/> Original Equipment Designers/Manufacturers <input type="checkbox"/> Sub-contractors <input type="checkbox"/> Distributor <input type="checkbox"/> Modification Service <input type="checkbox"/> Repair Service <input type="checkbox"/> Other (Describe): _____</p> <p>15. Attach copies of all aircraft products sales brochures. <input type="checkbox"/> Attached _____</p> <p>16. Describe/attach copies of all aircraft product warranties. <input type="checkbox"/> Attached _____</p> <p>17. Describe product engineering & testing controls, including names of outside firms and governmental agencies involved in maintaining quality control. _____</p>					

18. CUSTOMERS (Show current principal customers and percentage of sales for each.)

Customer _____ % Sales ____ Customer _____ % Sales ____

Customer _____ % Sales ____ Customer _____ % Sales ____

Customer _____ % Sales ____ Customer _____ % Sales ____

Customer _____ % Sales ____ Customer _____ % Sales ____

19. List all products discontinued and companies sold/terminated for which coverage is required.

20. Describe modifications to current products and describe all new aircraft products for next 12 months.

21. Describe why modifications in item #20 necessary.

22. List all liquid chemical aircraft products.

23. Describe potential hazards of all aircraft products including If: Flammable, explosive, corrosive, poisonous, or toxic in any chemical state.

24. Describe/attach copies of warnings of potential hazards. Copies Attached

25. List make & model spacecraft your product(s) are a part of.

26. List launch vehicle(s) for each spacecraft.

27. List anticipated spacecraft launch date.

28. What portions of the product(s) are manufactured or assembled by outside firms?

Product: _____

Firm: _____

29. What product(s) are manufactured to the specifications of others by applicant or any subsidiary?

Product: _____

Firm: _____

30. Does any applicant or subsidiary thereof sell or distribute products of others?

YES NO

31. Describe repair and/or service operations.

32. Describe/attach copies of service contracts. Copies Attached

33. Describe/attach copies. All contracts involving aircraft products, in which the applicant hold harmless or indemnification others. Copies Attached

- 34. Have any aircraft products ever been subject to:**
- a) Manufacturer's Factory service bulletin or advisory? YES NO
 - b) Airworthiness Directive? YES NO
 - c) Emergency airworthiness directive? YES NO
 - d) Recall by: I) Any Applicant? YES NO
 II) Any Other Firm? YES NO
 III) Governmental Agency? YES NO

Describe any item above answered "YES" _____

35. LIST ALL CLAIMS FOR THE PAST 10 YEARS

DATE OF LOSS	DESCRIPTION OF CLAIM	NAME OF INSURANCE COMPANY	POLICY NUMBER	SETTLEMENT AMOUNT	DEFENSE COSTS	OUTSTANDING RESERVES

Use separate sheet to complete claims information if needed.

36. Have there been any other incidents in the past 10 years which could result in a claim?
 YES NO

If YES, describe: _____

37. Attach copy of applicant's annual financial report. Attached

38. Has any subsidiary, affiliated, owned or managed firm, or applicant's products Liability been self-insured or not insured in the past 10 years? YES NO

Describe, including dates. _____

39. Has any products liability insurance been cancelled, refused or non-renewed
 (Note: Missouri applicants Do Not Respond) YES NO

40. Name of current insurance company. _____

41. Expiration date of current aircraft products insurance policy. _____

42. Will you be purchasing excess coverage over this insurance? YES NO

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

Applicant's Signature

Today's Date

Information to be Completed By Producer

Producer: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____