

Manufacturers Aviation Products Liability Application Form

APPLICANT DETAILS

Name of Insured:			
Street Address:			
City:	Province:	Postal Code:	
Current Insurer:		Date Coverage Required/Expiry Date:	
Has prior insurance ever been cancelled or non-renewed? Yes <input type="radio"/> No <input type="radio"/>			

PRINCIPAL(S)

Owner:	Website:
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TYPE OF BUSINESS (please complete all applicable)

Business of Insured:			
Years in business:			
Number of Aviation Employees:	Full time:	Part time:	
Number of offices in Canada:			
Number of offices in USA:			
Number of offices in rest of the world and locations:			

List any subsidiary companies and provide exposures:

Company	Exposures

SALES

Fixed Wing Aircraft Products				
	Last Year 20__	Current Year 20__		Next 12 months
	Actual \$	Estimated \$	Actual \$	
Aircraft, airframes, components				
Engines, propellers				
Rotary Wing Aircraft Products				
Helicopters, airframes, components				
Engines, propellers/ rotors				
All other non-military aviation products, materials and components				

Military Aircraft Products				
Aircraft, airframes, engines, propellers and components				
Missiles and missile components				
Spacecraft and spacecraft components				
TOTAL SALES				

PRINCIPAL CUSTOMERS

Customer	% Of Sales

UNDERWRITING INFORMATION

Describe all your aviation products and state their functions and use:

What portion of the products are manufactured or assembled by outside companies, or manufactured by the Applicant to the specification and others:

Product	Manufactured/assembled by an outside Company (Name of Company)	Manufactured by Applicant to the specification of others (Name of Company)

How many years has Applicant manufactured products for?

Have any Applicant's products ever been subject to any recall or Airworthiness Directive? Yes No
If yes, please describe:

Has the Applicant issued any service bulletins relating to aviation products? Yes No
If yes, please describe:

Has the Applicant discontinued manufacturing any aviation products: Yes No
If yes, please describe:

Has the Applicant entered into any written agreement(s) whereby either the Applicant holds harmless and indemnifies others, or is held harmless and indemnified by others? Yes No

If yes, please provide a copy of the agreement

Attach a copy of any brochures and/or warranties provided by the Applicant

COVERAGES REQUIRED

		Limit	Alternate Limits
Premises	each occurrence	\$	\$
Products	each occ/aggregate	\$	\$
Grounding	each occ/aggregate	\$	\$

ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)

List all claims for past 10 years, including any incidents that could result in an insurable claim.

The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

Applicant's Signature

Date

Broker's Name

Contact

Email

Phone