



**AIRCRAFT PRODUCTS & COMPLETED OPERATIONS APPLICATION & SURVEY OF HAZARDS**

Insurance Provided by Member Companies of American International Group, Inc.

1. Applicant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Applicant is:  Individual  Partnership  Corporation  Holding Company  
 Subsidiary of \_\_\_\_\_  Other \_\_\_\_\_

4. List all owned, subsidiary, affiliated, managed or controlled companies below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICY COVERAGES & LIMITS**

5. POLICY PERIOD: From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_ at 12:01 a.m.

6. COVERAGES:  
 A: Products Liability , \_\_\_\_\_cluding completed operations  
\_\_\_\_\_cluding spacecraft  
 B: Grounding Liability

7. LIMITS OF LIABILITY  
 Coverage A: \$ \_\_\_\_\_ each occurrence, and annual aggregate.  
\$ \_\_\_\_\_ separate spacecraft aggregate.

Coverage B: \$ \_\_\_\_\_ annual aggregate.  
 Coverage A & B Combined: \$ \_\_\_\_\_ annual aggregate.

8. INSURED'S CONTRIBUTION  
 Coverage A amount: \$ \_\_\_\_\_ each occurrence.  
 Coverage B participation: \_\_\_\_\_% each grounding.

9. ADDITIONAL COVERAGES  
 Foreign Military Aircraft Products  Include Vendors  
 On-board Testing  Other (Describe): \_\_\_\_\_

10. GENERAL INFORMATION  
a) Applicant: Owns Aircraft?  YES  NO Charters Aircraft?  YES  NO  
1. Describe Aircraft: \_\_\_\_\_  
2. Policy Expiration Date: \_\_\_\_\_  
b) Applicant uses airport premises?  YES  NO  
Describe location & uses: \_\_\_\_\_

11. Earliest date applicant/subsidiary began business \_\_\_\_\_

12. Describe all aircraft products, including containers there or designed, manufactured, assembled, or distributed by you and all firms shown in item #4 above. Use separate sheet of paper (if necessary) to complete fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>13. AIRCRAFT PRODUCT SALES</b> Including All Subsidiaries, etc.					
<b>NON-MILITARY</b>	<b>NEXT YEAR</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>	<b>PRIOR YEAR</b>	<b>NEXT PRIOR YEAR</b>
<b>Fixed Wing-Position</b>	20__	20__	20__	20__	20__
Airframe	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Engine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Propeller	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Fixed Wing-Turbine</b>					
Airframe	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Engine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Helicopter</b>					
Airframe	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Engine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rotors	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>AIRCRAFT TO BE COVERED</b> (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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Describe All RVPs</b> (Remotely Piloted Vehicles): _____					
Airframe	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Engine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Commercial Spacecraft</b>					
Space Shuttle	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Describe): _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Balloons (Hot Air)</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Blimps</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Hang Gliders</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Ultra Lights</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Home-built Aircraft</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>MILITARY</b>	<b>NEXT YEAR</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>	<b>PRIOR YEAR</b>	<b>NEXT PRIOR YEAR</b>
Missiles/RVPs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Spacecraft	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
U.S. Aircraft	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>FIXED WING</b>					
Airframe	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Engine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>ROTORCRAFT</b>					
Airframe	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Engine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>OTHER</b> (Describe): _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Foreign Aircraft	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>GRAND TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>REPAIR &amp; SERVICING OF AIRCRAFT AND AVIATION PRODUCTS</b>					
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>14. The firms above are:</b> <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): _____					
<b>15. Attach copies of all aircraft products sales brochures.</b> <input type="checkbox"/> Attached					
<b>16. Describe/attach copies of all aircraft product warranties.</b> <input type="checkbox"/> Attached					
<b>17. Describe product engineering &amp; testing controls, including names of outside firms and governmental agencies involved in maintaining quality control.</b> _____					

**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: William J. Grohs Aviation, Inc.

Address: Waterbury-Oxford Airport - Tower Building City: Oxford State: CT Zip: 06478

Telephone: (203) 262-1552 Fax: (203) 262-1556 E-mail: customerservice@wjgrohsaviation.com