

PRODUCTS & COMPLETED OPERATIONS (Products & Services), *continued*

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR THE REPAIR OF:

Airframe & Components: \$ _____ Total: \$ _____ % Fixed Wing: _____ % Rotorwing: _____
 Engine & Components: \$ _____ Total: \$ _____ % Fixed Wing: _____ % Rotorwing: _____
 % Major Overhauls: _____
 % "Hot Section" Repairs: _____
 Avionics: \$ _____
 Propellers: \$ _____
 Rotorsystems: \$ _____

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:

Airframe Painting: \$ _____
 Sale of parts, not installed: \$ _____ NEW: \$ _____ USED: \$ _____
 Sale of fuel and oil (excluding Pumping Fees): \$ _____ Pumping Fees: \$ _____
 Does Applicant fuel/defuel any airlines? NO YES, type of aircraft: _____
 Sale of aircraft: NEW: \$ _____ USED: \$ _____
 Sale of food/beverages (including vending machines): \$ _____
 Sale of other items and services: \$ _____ Describe: _____
 Airline servicing (other than fuel): \$ _____ Describe: _____
 Has Applicant ever sold, serviced or repaired ultra-light or homebuilt aircraft? NO YES (describe): _____
 Professional Training Courses attended by your employees? _____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Projected contract costs for next 12 months:
 By Applicant: \$ _____ Describe: _____
 By independent contractors: \$ _____ Describe: _____

CONTRACTUAL LIABILITY ("Hold Harmless" Agreements/Indemnification Clauses)

Does Applicant assume liability of others? NO YES (Attach all contracts assuming liabilities of others) Attached

COVERAGES & LIMITS REQUESTED

POLICY PERIOD: From _____ until _____ both at 12:01 a.m. at the Applicant's address on the front page.

| Coverages | Limits of Insurance |
|---|---------------------|
| Commercial General Liability Coverage | \$ _____ |
| General Aggregate Limit (<i>other than Products/Completed Operations</i>) | \$ _____ |
| Products/Completed Operations Aggregate Limit | \$ _____ |
| Personal and Advertising Injury Aggregate Limit | \$ _____ |
| Each Occurrence Limit | \$ _____ |
| Fire Damage Limit (<i>any one fire</i>) | \$ _____ |
| Medical Expense Limit (<i>any one person</i>) | \$ _____ |
| Hangarkeeper's Liability Coverage: | |
| Each Aircraft Limit | \$ _____ |
| Each Loss Limit | \$ _____ |
| Deductible (<i>each aircraft</i>) | \$ _____ |
| TOTAL ADVANCE PREMIUM | \$ _____ |

POLICY DEDUCTIBLE

Each occurrence: \$ _____ Annual Aggregate: \$ _____
 Other coverages, restrictions, endorsements: _____

PILOTS

Complete this section for each pilot employed by or contracted by you.

| NAME | AGE | PILOT CERTIFICATE | | PILOT HOURS | | | | |
|-------|-------|-------------------|---------|-------------|----------------|--------------|---------------------|---------------------|
| | | TYPE | RATINGS | S.E. FIXED | S.E. RET. GEAR | MULTI ENGINE | TOTAL LAST 180 DAYS | TOTAL FOR ALL TYPES |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PILOTS, continued

Has any Pilot's Certificate ever been revoked? NO YES

Issued with waiver? NO YES

Has any pilot ever been involved in an aircraft accident or incident? NO YES

Has any pilot ever been convicted of DUI during past 5 years? NO YES

Has any pilot ever been convicted of a drug violation or convicted of a felony? NO YES

If YES is answered to any of these questions, explain fully below. Use additional sheet if necessary. _____

AIRCRAFT LIABILITY AND PHYSICAL DAMAGE COVERAGES DESIRED

- Bodily Injury Liability (Excluding Passengers) \$_____ Each Person \$_____ Each Occurrence
- Property Damage Liability \$_____ Each Occurrence
- Passenger Bodily Injury Liability \$_____ Each Person \$_____ Each Occurrence
- Single Limit _____cluding Passengers N/A \$_____ Each Occurrence
- With Passengers Liability Limited internally to \$_____ Each Person N/A
- Medical Payments Including Crew \$_____ Each Person \$_____ Each Occurrence

SCHEDULE OF AIRCRAFT AND PHYSICAL DAMAGE COVERAGE DESIRED

Note: In box next to value of aircraft check if: **F** All Risks – Ground and Flight

G All Risks – Not-in-Flight

| A/C # | FAA # | Make/ Model | Year Mfg. | Seats (incl. Crew) | Value of A/C | Coverage Desired | Flight Operations During Last/Next 12 Months | | | | |
|-------|-------|-------------|-----------|--------------------|--------------|------------------|--|-------------------|-------------------|-------------------|-------------------|
| | | | | | | | Approximate % Flown for Each Operation | | | | |
| | | | | | | | Total # Hrs Flown | Instruction | Rental | Charter | Other |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | _____/_____/_____ |

Applicant is the sole owner of all aircraft except: _____ N # _____
 Lessor Name & Address: _____

Describe any STC's, modifications or unrepaired damage: _____

Describe any other aircraft owned by, rented or used by or on behalf of Applicant: _____

Explain why coverage is not desired: _____

IF ANY AIRCRAFT ARE LEASED, Complete following as respects each owner.

| NAME | AGE | PILOT CERTIFICATE | | PILOT HOURS | | | | |
|-------|-------|-------------------|---------|-------------|----------------|--------------|---------------------|---------------------|
| | | TYPE | RATINGS | S.E. FIXED | S.E. RET. GEAR | MULTI-ENGINE | TOTAL LAST 180 DAYS | TOTAL FOR ALL TYPES |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

IF ANY AIRCRAFT ARE ENCUMBERED, Complete following.

| A/C Number | Amount of Lein | Name & Address of Leinholder |
|------------|----------------|------------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

OPERATION OF NON-OWNED AIRCRAFT DURING LAST / NEXT 12 MONTHS NOT LEASED BY YOU.

Estimated annual flight hours in aircraft owned by others: _____ / _____

Passenger seating capacity of largest Non-Owned aircraft: _____ / _____

Purpose of flying Non-Owned aircraft: _____

Describe type of aircraft owned by others usually flown: _____

Maximum value any one aircraft: \$ _____ Average value any one aircraft: \$ _____

Limits of Coverage desired: \$ _____ \$ _____ Each aircraft \$ _____ Each occurrence

CLAIMS – List all claims for past 5 years. Use separate sheet if necessary to complete fully.

| DATE | CAUSE | SETTLED, INCLUDING ALL COSTS | OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT |
|-------|-------|------------------------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 policy holder 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 Signature

Today's Date

To Be Completed By Producer

Producer: William J. Grohs Aviation, Inc.

Address: Waterbury-Oxford Airport - Tower Building City: Oxford State: CT Zip: 06478-1096

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