

# AVIATION PRODUCTS LIABILITY APPLICATION

1. Name of applicant:			
2. Address:			
3. Phone:			
4. Applicant is a:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Subsidiary of _____ <input type="checkbox"/> Other _____		
5. List names and addresses of subsidiary companies, divisions or other owned entities:			
6. Business of Applicant:			
7. Classify business as:	<input type="checkbox"/> Original Equipment Manufacturer <input type="checkbox"/> Subcontractor <input type="checkbox"/> Distributor <input type="checkbox"/> Overhauler <input type="checkbox"/> Parts Manufacturer <input type="checkbox"/> Modifier <input type="checkbox"/> Repair & Service <input type="checkbox"/> Other		
8. How many years has applicant been in business?			
9. Describe all products manufactured or sold by you:	(The model of aircraft, aircraft system in which product is used and % of sales attributable to each)		
10. Sales	Last Year _____	This Year _____	Next Year (Projected) _____
<b>I. Individual Sales</b>			
Military	\$ _____	\$ _____	\$ _____
Non-Military	\$ _____	\$ _____	\$ _____
<b>II. Subassemblies</b>			
Military	\$ _____	\$ _____	\$ _____
Non-Military	\$ _____	\$ _____	\$ _____
<b>III. Components</b>			
Military	\$ _____	\$ _____	\$ _____
Non-Military	\$ _____	\$ _____	\$ _____
<b>IV. Rotor Wing</b>	\$ _____	\$ _____	\$ _____
<b>V. Spacecraft / Missile</b>	\$ _____	\$ _____	\$ _____
<b>VI. Other</b>	\$ _____	\$ _____	\$ _____
<b>Total Sales</b>	\$ _____	\$ _____	\$ _____

**Definitions:**

**Parts** refer to the individual parts that make up the subassembly or component, e.g., nuts, pins, wires, brake shoes, gimbals, etc.

**Subassembly** refers to sub-systems, equipment, or units of components, e.g., brakes are part of the landing gear.

**Components** refer to major systems of the aircraft which may be made up of several subassemblies, e.g., landing gear, control surfaces, avionics and instrumentation, etc.



## LIG Aviation Managers

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[SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)

Aviation Products Liability

11. Customers to whom you sell aviation products:

Customer	% Aviation Sales	Customer	% Aviation Sales

12. Have any of your products been subject to:	a. Airworthiness Directives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Recall of the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Factory service bulletins?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Has any insurer cancelled, declined or refused to provide you with aviation products liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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14. Have you ever discontinued manufacturing any aviation product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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15. Has your corporation, subsidiary companies, divisions or other entities been involved in a buyout, acquisition or divestiture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Please explain fully any "yes" answers to questions 12-15:**

**Loss History – Present Carrier**

16. Has applicant had any aviation products claims or losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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a. If yes, please provide details:

17. Name of present aviation products liability insurance company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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18. Limit of Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Coverage Limits**

19. What period is insurance coverage requested for?	
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20. Coverage	Limit Desired (Per occurrence and in aggregate)	Alternate Limit (Per occurrence and in aggregate)
<b>Coverage A</b> Bodily Injury & Property Damage	\$	\$
<b>Coverage B</b> Grounding Liability	\$	\$
<b>Coverage C</b> BI/PD and Grounding	\$	\$



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21. Attach copies of:

a. Brochures describing your product:	<input type="checkbox"/> Attached
b. Recent financial statements:	<input type="checkbox"/> Attached
c. All warranties you provide:	<input type="checkbox"/> Attached
d. Contract indemnification clauses:	<input type="checkbox"/> Attached

Signing the application does not bind the applicant or the company to complete the insurance, but the applicant agrees that the above information shall be the basis of any policy or policies which may be issued. The company is hereby authorized to investigate all or any qualifications or statements contained herein.

The United States, Public Law 91-308 (Federal Fair Credit Reporting Act) requires that if such a report is made upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

*Some states require that we notify the applicant that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits fraudulent insurance act, which may be a crime. In New York, any person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value for each violation.*

Date:	Signature:
Broker Name:	Broker Address:

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