

SKY SURANCE

Aircraft Products Liability Insurance Application

1. Named Insured: _____

2. Address: _____

3. Is the applicant a subsidiary of another organization? Yes No If Yes, provide name and address: _____

4. Does the applicant own or control any subsidiary corporation(s)? Yes No If Yes, provide names & addresses of all subsidiaries: _____

5. Sales Information

	<u>Sales</u> <u>Last Year</u>	<u>Sales</u> <u>This Year</u>	<u>Estimated Sales</u> <u>Next Year</u>
<u>Non-Military / Aircraft Products:</u>			
Fixed Wing - Piston Aircraft:	_____	_____	_____
Fixed Wing - Turbine Aircraft:	_____	_____	_____
Helicopter:	_____	_____	_____
Other:	_____	_____	_____
TOTALS:	_____	_____	_____
 <u>Military / Aircraft Products:</u>			
Missiles & Spacecraft (exclude Space Shuttle):	_____	_____	_____
Helicopter:	_____	_____	_____
Space Shuttle:	_____	_____	_____
All Others:	_____	_____	_____
TOTALS:	_____	_____	_____
GRAND TOTAL:	_____	_____	_____

6. Policy Period:
Effective Date: 12:01 A.M. _____ 120 _____ standard time at the address of the Named Insured.

7. Limits of Liability:
Products (BI) & (PD): \$ _____ Aggregate
Grounding: \$ _____ Aggregate

8. Describe the aircraft products manufactured or sold by the Named Insured or its subsidiaries (submit brochures or other similar material, if available), and specify the AIRCRAFT AND AIRCRAFT SYSTEMS in which products are used. _____

9. How many years have you operated under your present business name? _____
10. Describe the terms of any basic or extended warranties provided for the aircraft products that you manufacture. Submit samples copies if available. _____

11. Names of key customers to whom your aircraft products are sold: _____

12. Describe testing and engineering controls used to maintain quality control of aircraft products: _____

13. Do you manufacture the entire product? Yes No If No, describe component part(s) sourced from others. _____

14. Do you fully assemble the product? Yes No If No, describe assembly services sourced from others. _____

15. Do you maintain and/or service your products? Yes No If Yes, attach full details including copy of your standard written service contract and receipts from this source. _____

16. Are any of your aircraft products flammable, explosive, toxic or otherwise hazardous? Yes No If Yes, attach details. _____

17. Have you ever been sued or has any claim ever been made against you in connection with any of your aircraft products, whether or not such products are subject of this application? Yes No If Yes, provide the details and status such of claim or suit whether pending or resolved. If resolved, explain manner of such resolution. _____

18. Are you aware of any incident, occurrence or circumstance involving any of the products described on this application which is likely to result in a claim against you? Yes No If Yes, provide details _____

19. Have any of your aircraft products ever been subject to any inquiry or investigation by any Government Agency concerning their operation, use, adequacy of labeling, hazardous contents or safety? Yes No If Yes, set forth full details and results of such inquiry. _____

20. Have any of your aircraft products ever been withdrawn from the market either voluntarily by you or by order of any Government Authority? Yes No If Yes, provide full details. _____

21. Did you discontinue the manufacture of any aircraft product during the past 5 years? Yes No If Yes, attach explanation and sales for such products by year. _____

22. Are you planning to manufacture or market any new aircraft products during the next 12 months? Yes No If Yes, provide full details. _____

23. Have you carried Products Liability insurance in the past? Yes No If Yes, provide the insurer name, policy number and limits for coverage carried during the past 2 years. _____

24. Has any insurer cancelled, declined or refused to renew your Products Liability insurance? Yes No If Yes, provide details: _____

25. Attach your most recent Annual Report. If not available, please state reason: _____

The applicant warrants and agrees that the above answers, including attachments are in all respect true and shall be deemed material and made to induce the company to issue a policy-, that the company will rely on the same when issuing a policy and that all pertinent information has been fully disclosed. Applicant understands that submission of this information creates no obligation on the part of the company to provide insurance either on the basis requested or on any other basis. **FRAUD WARNING:** 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 and subjects such person to criminal and civil penalties.

Applicant's Signature: _____ **Date:** _____

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

SkySurance Agency, INC.
Lorain County Regional Airport
44050 Russia Road
Elyria, Ohio 44035
Telephone: 440-323-3300,
800-545-3262
Fax: 440-323-8953

STATE FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder 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 Agencies.

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

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 civil fines and criminal 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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall be also 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 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.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 TENNESSEE 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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO 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.