

APPLICATION FOR AVIATION PRODUCTS LIABILITY INSURANCE

Insurance coverage is requested from: 12:01 A.M. _____ 20____ to 12:01 A.M. _____ 20____

NAME OF APPLICANT: _____

Address: _____

Applicant is: Corporation Individual Partnership Joint Venture Other (Describe): _____

Business of Applicant: _____

Is applicant a subsidiary of another company? Yes No If "YES", list parent company: _____

List of all owned, subsidiary, affiliated, managed or controlled companies: _____

GENERAL INFORMATION

1. The firms above are: Original Equipment Designers/Manufacturers Sub-contractors

Distributors Modification Service Repair Service Other (Describe): _____

2. Earliest date applicant/subsidiary began business: _____

3. Describe/attach copies of all contracts involving aircraft products, in which the applicant hold harmless or indemnification of others: _____

MANUFACTURED PRODUCTS

1. Describe all aircraft products designed, manufactured, assembled, or distributed by you and all firms shown above. Use separate sheet of paper (if necessary) to complete fully:

Product	Used in Aircraft Type	Prior Year Sales	Next Year Sales
- _____	<input type="checkbox"/> Military	_____	_____
	<input type="checkbox"/> Airline	_____	_____
	<input type="checkbox"/> Piston Fixed Wing	_____	_____
	<input type="checkbox"/> Turbine Fixed Wing	_____	_____
	<input type="checkbox"/> Rotorwing	_____	_____

Product	Used in Aircraft Type	Prior Year Sales	Next Year Sales
- _____	<input type="checkbox"/> Military	_____	_____
	<input type="checkbox"/> Airline	_____	_____
	<input type="checkbox"/> Piston Fixed Wing	_____	_____
	<input type="checkbox"/> Turbine Fixed Wing	_____	_____
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All Access Aviation Markets, Inc.
11150 S. Trumbull Ave.
Chicago, IL 60655
312-809-2922

Product	Used in Aircraft Type	Prior Year Sales	Next Year Sales
- _____	<input type="checkbox"/> Military <input type="checkbox"/> Airline <input type="checkbox"/> Piston Fixed Wing <input type="checkbox"/> Turbine Fixed Wing <input type="checkbox"/> Rotorwing	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Product	Used in Aircraft Type	Prior Year Sales	Next Year Sales
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CUSTOMERS (Show current principal customers & percentage of sales for each:

Customer _____	Sales _____%	Customer _____	Sales _____%
Customer _____	Sales _____%	Customer _____	Sales _____%
Customer _____	Sales _____%	Customer _____	Sales _____%
Customer _____	Sales _____%	Customer _____	Sales _____%

2. Attach copies of all aircraft products sales brochures.
3. Describe/attach copies of all aircraft product warranties: _____
4. Describe product engineering & testing controls, including names of outside firms and governmental agencies involved in maintaining quality control: _____
5. What is the Largest Aircraft of which your product forms a part? _____
6. List all products discontinued and companies sold/terminated for which coverage is required: _____
7. List all liquid chemical aircraft products. Describe any flammable, explosive or toxic hazards: _____
8. List make & model spacecraft/launch vehicle your product(s) are a part of: _____
9. 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 one item above answered "YES": _____

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LIMITS REQUESTED

- Coverage **A Products Liability**: \$_____ each occurrence, and annual aggregate.
IN/EXcluding completed operations coverage.
- Coverage **B Grounding Liability**: \$_____ annual aggregate.
- Coverage **A & B Combined**: \$_____ annual aggregate.

INSURED'S CONTRIBUTION

- Coverage **A** amount: \$_____ each occurrence.
- Coverage **B** participation: _____% each grounding.

Are you requesting foreign military coverage? Yes No
Are you requesting spacecraft coverage? Yes No
List any additional coverages requested: _____

INSURANCE AND CLAIMS HISTORY

Have you had any losses in the last 7 years? YES NO **If Yes, attach loss runs for the last 7 years minimum along with loss descriptions where needed.**

Name of current or last aviation liability insurance company: (if none, so state)
Policy expiration date:

Has any products liability insurance been cancelled, refused or non-renewed? (Note: Missouri applicants DO NOT RESPOND) YES NO If "YES", describe: _____

Have there been any other incidents in the past 10 years which would result in a claim? YES NO
If "YES", describe: _____

Has any subsidiary, affiliated, owned or managed firm, or applicant's products liability been self-insured or not insured in the past 10 years? (Note: Missouri applicants DO NOT RESPOND) YES NO
If "YES", describe including dates: _____

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 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by and 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.

Return to: AviationSubmissions@starrcompanies.com

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 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 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 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 the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment or a loss or benefit or who knowingly or willfully 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 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 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 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 and false,

incomplete or misleading information is guilty of a felony. (365: 15-1-10, 36 S.S. 3613.1)

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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 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 ALL OTHER APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date: Applicant's Signature _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Name of Agent or Broker:

Address:

Are you the holding producer? Yes/No If Yes, for how many years?