

AVIATION PROFESSIONAL SERVICES LIABILITY APPLICATION

THE APPLICANT IS APPLYING FOR A CLAIMS-MADE POLICY. CLAIMS MUST BE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD AND REPORTED TO US IN ACCORDANCE WITH THE TERMS OF THE POLICY, IF PURCHASED.

Applicant Information

APPLICANT NAME:		
ADDRESS:		
CONTACT NAME:	EMAIL ADDRESS:	PHONE NUMBER:
BUSINESS OR OCCUPATION OF APPLICANT:		
NAME AND ADDRESS OF ANY RELATED ENTITIES:		

Aviation Professional Services Information

Describe in detail the Aviation Professional Services for which insurance is desired:	
Is the Applicant engaged in any business or profession other than as described as above? If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide fiscal year and gross revenues for the Applicant. If newly established, indicate anticipated gross revenues for current and next projected year:				
Fiscal Year End Date:	Fiscal Year	Gross Revenues		
		U.S.	International	Total
	Past Year	\$	\$	\$
	Current Year	\$	\$	\$
	Next Projected Year	\$	\$	\$

Provide a percentage breakdown of current revenues for each Aviation Professional Service performed:	
Aviation Professional Services	Percent of Revenue
	%
	%
	%
	%

Include a list of Applicant's five (5) largest jobs or projects for the past two years:				
Name of Client	Description of Services Performed	Gross Revenues by Fiscal Year		
		Past	Current	Next Project
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Please list all key employees and executives and their roles:				
Last Name:	First Name:	Function:	Professional Qualifications:	Professional Experience in Years

Please list your main clients/customers:		
For the purpose of your business activities, do you use a written contract or agreement describing the services to be provided to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide a sample agreement.		
If "No", how is the agreement with the client documented?		
Are there any additional hold harmless agreements, warranty provisions or guarantees in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please indicate scope of such agreement or attach relevant agreement extracts:		
Do any of your employees work on or around aircraft at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Types of work involved: <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Overhaul of aircraft <input type="checkbox"/> Other, please specify:		
Number of employees involved:	Types of aircraft involved:	Number and type of vehicles involved:
While work is being performed, are the aircraft in your care, custody or control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest aircraft value: \$	Combined value of aircraft under your control at any one time: \$	Average aircraft value: \$
Do any of your employees conduct test flights, flight checks or ferry flights in third party aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how many flight hours per year:	What are the qualifications and experience of the pilots conducting such flights?	
Please describe your loss prevention measures:		
Please describe risk or quality management procedures such as ISO 31000, ISO 9002 or similar procedures.		

Insurance & Claims History

When did you first begin providing the Aviation Professional Services described in this application:		
Have you ever had professional liability insurance or similar insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", who was your insurer and what were your liability limits?		
During the last 5 years have any professional liability claims been made against you, whether insured or not? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide detailed loss information, including financial details:		
What limit of liability do you request?		
NOT APPLICABLE IN MO		
Has any insurer ever:		
a) Declined to insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b) Cancelled or declined to renew any of your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c) Imposed special terms and conditions to your detriment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" to a, b, or c, please outline details:		

Historical Information

In the past five years:	
Have any of the Applicant's clients made allegations or complained about the performance, non-performance, or timeliness of Applicant's products or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any of the Applicant's clients refused to pay, stopped paying, or requested a refund due to dissatisfaction with the Applicant's products or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Applicant aware of any fact, circumstance, situation, act, error or omission that can reasonably be expected to result in a claim against the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Attach the Following:

- Brochures, advertisements or other descriptive literature about the Applicant, its subsidiaries, operations and services.
- Sample reports given to clients or summary of same.
- Copy of your most current SEC Form 10K or your most current audited financial statement.

FRAUD STATEMENTS

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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

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 agencies.

APPLICABLE IN FLORIDA and OKLAHOMA

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 FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

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.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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(s)

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.

THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.

Name of Insurance Producer:	
State License Number:	License State:
Address:	
For how long have you been designated this applicant's Broker of Record?	