



Aircraft Products Liability Application

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

Applicant's Name:			
Address:			
City:	State:	Zip:	
Phone:	Home: () -	Work: () -	

Current Insurance Carrier:

Current Coverage Expires:

Check all that apply:

- No Insurance Ever Cancelled
 No Insurance Ever Denied
 Government Contracts
 Carry Worker's Comp.

Applicant is

an Individual
 a Partnership* (explain below)
 a Corporation
 Subsidiary* (explain below)
 a Holding Company
 Other _____

Classify business as:

Manufacturer
 Assembly, Completion, Milling, Processing-only to Customer's Specifications
 Distributor
 Repair & Service
 Other _____

*Name each partner or list all owned subsidiary, affiliated, managed or controlled companies (which ever applies), _____

Earliest Date Applicant/Subsidiary Began Business: _____

2. LIMITS OF INSURANCE

COVERAGE A: BODILY INJURY OR PROPERTY DAMAGE LIABILITY	\$	_____	EACH OCCURRENCE AND ANNUAL AGGREGATE
COVERAGE B: GROUNDING LIABILITY	\$	_____	EACH GROUNDING AND ANNUAL AGGREGATE
COVERAGES A AND B COMBINED	\$	_____	ANNUAL AGGREGATE

3. PRODUCT INFORMATION

Describe All Aircraft Products, Designed, Manufactured, Assembled, or Distributed by the Applicant or its Subsidiaries (submit brochures, if available) : _____

Please Specify the Aircraft and Aircraft Systems in which Products are used: _____

Does the Applicant or its Subsidiaries manufacturer the entire Product? Yes No
If No, describe component part(s) sourced from Others: _____

Does the Applicant or its Subsidiaries fully assemble the Product? Yes No
If No, describe assembly services sourced from Others: _____

Does the Applicant or its Subsidiaries maintain and/or service the Products? Yes No
If Yes, please attach a copy of your standard written service contract.



4. SALES RECEIPTS:

<u>Estimated Sales Next Year</u>	<u>Actual Sales This Year</u>	<u>Actual Sales Prior Year</u>	<u>Actual Sales Next Prior Year</u>
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Non-Military			
Commercial Aircraft Airframe	\$	\$	\$
Commercial Aircraft Engine	\$	\$	\$
Fixed Wing-Piston Airframe	\$	\$	\$
Fixed Wing-Piston Engine	\$	\$	\$
Fixed Wing-Piston Propeller	\$	\$	\$
Fixed Wing-Turbine Airframe	\$	\$	\$
Fixed Wing- Turbine Engine	\$	\$	\$
Helicopter Airframe	\$	\$	\$
Helicopter Engine	\$	\$	\$
Helicopter Rotors	\$	\$	\$
Commercial Spacecraft			
Space Shuttle	\$	\$	\$
Other	\$	\$	\$
Non-Military Sub Total	\$	\$	\$

Military			
Fixed Wing Airframe	\$	\$	\$
Fixed Wing Engine	\$	\$	\$
Rotorcraft Engine	\$	\$	\$
Rotorcraft Airframe	\$	\$	\$
Missiles / RVP's	\$	\$	\$
Spacecraft	\$	\$	\$
UAV's (unmanned Ariel Vehicle)	\$	\$	\$
Other	\$	\$	\$
Foreign Aircraft	\$	\$	
Military Sub Total	\$	\$	\$

GRAND TOTAL	\$	\$	\$
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Repair & Servicing of Aircraft and Aviation Products			
Gross Receipts	\$	\$	\$

Describe Repair and/or Servicing Operations: _____



List Principal Customers and Percentage of Sales for Each

	Customer Name	% of Sales
1		
2		
3		
4		

	Customer Name	% of Sales
5		
6		
7		
8		

5. ADDITIONAL INFORMATION

All Aircraft Products Warranties: Copies Attached or Describe _____

Describe Product Engineering & Testing Controls, Including Names of Outside Firms and Governmental Agencies Involved in Maintaining Quality Control: _____

List all Products Discontinued and Companies Sold/Terminated for which Coverage is Required: _____

List all Liquid Chemical Aircraft Products: _____

Describe Potential Hazards of all Aircraft Products including if: Flammable, Explosive, Corrosive, Poisonous or Toxic in any Chemical State: _____

All Warnings of Potential Hazards: Copies Attached or Describe: _____

All Service Contracts: Copies Attached or Describe: _____

All Aircraft Products Hold Harmless or Indemnification Contracts: Copies Attached or Describe: _____

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) Any Governmental Agency? Yes No

Explain all YES answers (attach separate sheet, if necessary): _____

Please indicate who:

Inspects Product.....	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
Instructs Users.....	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
Warns Users.....	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
Prepares Operating/Maintenance Manuals.....	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government



HALTON HALL
ASSOCIATES

P.O. Box 6275
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Toll Free (800) 880-0808
Main (817) 293-3530
Fax (817) 568-2996

Has the Applicant or its Subsidiaries ever been sued or has any claim ever been made against the company with regard to its Aircraft Products? Yes No

If Yes, please attach a 10-year loss run and provide a detailed summary of the claim or suit whether pending or resolved, including the amount paid and reserved. Loss Run and Details Attached

Have there been any other incidents in the past 10 years which could result in a Claim? Yes No

Describe: _____

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; 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.

Authorized Signature: _____

Date: _____



NOTICE TO APPLICANTS

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 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 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)