



RETURN TO:

W. BROWN & ASSOCIATES INSURANCE SERVICES
Aviation Managers for Endurance Insurance Companies
19000 MacArthur Blvd., Suite 600
Irvine, CA 92612

PRODUCER:

Company Name
Address
City State Zip
Telephone Facsimile

REQUIREMENTS: The *Addendum (Additional Loss History)* must to be completed to included all losses not shown on the Application for coverage. Use as many copies as is necessary to provide a complete history of losses for the last five years..

APPLICANT INFORMATION

Applicant
Address
City State Zip

List all claims occurring during the last 5 years other than those associated to Workers Compensation. Should more space be required to report additional losses, the Applicant must attach the *Addendum (Loss History)* to provide details for such losses. The *Addendum (Loss History)* may be downloaded at <http://www.wbais.com>. Attach loss runs provided by your insurance company of available.

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
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Are loss amounts shown above reduced by a deductible? If "YES", specify amount	Yes	No
Are loss amounts shown above reduced by a self-insured retention? If "YES", specify amount	Yes	No

The Applicant certifies that the statements in this Application are true and that no material information has been withheld or suppressed. The Applicant agrees that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the Insurer. The Applicant hereby authorizes this Company to investigate all or any qualifications or statements contained herein. The Applicant understands that this application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance. The Applicant acknowledges that this Addendum is subject to all of the same terms and conditions of the application to which it is attached.

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 Name (Please Print)

Applicant's Title

Applicant's Signature

Date