



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
Tel Fax

REQUIREMENTS: The Addendum (Additional Loss History) must be completed to provide details on any losses aircraft 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 if available.

Table with 5 columns: Date Of Loss, Description of Loss, Claims Total Paid, Outstanding Reserves, Expenses. Each row contains blank lines for data entry.

Are loss amounts shown above reduced by a deductible?
If "YES", specify amount
Are loss amounts shown above reduced by a self-insured retention?
If "YES", specify amount

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.

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 Signature Date