



Check which is desired:
Quotation
Insurance

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

APPLICANT INFORMATION

Applicant
Address
City State Zip
E-Mail Address Telephone
Applicant Is (Check one) Individual(s) Corporation Partnership Other
Requested Policy Term From To

CORPORATE ORGANIZATION

Does the Applicant have an Internet web site? Yes No
If "YES", provide the address
Is the Applicant a subsidiary of another organization? Yes No
If "YES", provide the name and address
Does the Applicant own or control any subsidiary corporations? Yes No
If "YES", provide name(s) and address(es) of all subsidiaries:
Is the Applicant a parts distributor? Yes No
If "YES", what percentage of sales apply to the products to be insured? %
Is the applicant a subsidiary of another organization? Yes No
If "YES", what percentage of sales apply to the products to be insured? %

SALES INFORMATION

Table with 3 columns: Product Category, Estimated Sales Next 12 Months, Actual Sales Previous 12 Months. Rows include Non-Military Aircraft Products (Fixed Wing - Piston, Fixed Wing - Turbine, Helicopter, All Other) and Military Aircraft Products (Missiles & Spacecraft, Helicopter, Space Shuttle, All Other).

REQUESTED COVERAGE & LIMITS

Products (Bodily Injury & Property Damage) \$ _____
Grounding \$ _____

DESCRIPTION OF PRODUCTS & COVERAGE

Describe the aircraft products manufactured or sold by the Named Insured or its subsidiaries (submit brochures or other similar material, if available), and specify the AIRCRAFT AND AIRCRAFT SYSTEMS in which products are used.

How many years have you operated under your present business name? _____

Describe the terms of any basic or extended warranties provided for the aircraft products that you manufacture. Submit samples copies if available.

Names of key customers to whom your aircraft products are sold:

Describe testing and engineering controls used to maintain quality control of aircraft products:

Do you manufacture the entire product? Yes No

If "NO", describe component part(s) sourced from others. _____

Do you fully assemble the product? Yes No

If "NO", describe assembly services sourced from others. _____

Do you maintain and/or service your products? Yes No

If "YES", provide details including a copy of your standard written service contract and receipts from this source. _____

DESCRIPTION OF PRODUCTS & COVERAGE (CONT.)

Are any of your aircraft products flammable, explosive, toxic or otherwise hazardous? Yes No

If "YES", provide details. _____

Have you ever been sued or has any claim ever been made against you in connection with any of your aircraft products, whether or not such products are subject of this application? Yes No

If "YES", provide details and status such of claim or suit whether pending or resolved. If resolved, explain manner of such resolution.

Are you aware of any incident, occurrence or circumstance involving any of the products described on this application which is likely to result in a claim against you? Yes No

If "YES", provide details. _____

Have any of your aircraft products ever been subject to any inquiry or investigation by any Government Agency concerning their operation, use, adequacy of labeling, hazardous contents or safety? Yes No

If "YES", provide details and results of such inquiry. _____

Have any of your aircraft products ever been withdrawn from the market either voluntarily by you or by order of any Government Authority? Yes No

If "YES", provide details. _____

Did you discontinue the manufacture of any aircraft product during the past 5 years? Yes No

If "YES", attach explanation and sales for such products by year. _____

Are you planning to manufacture or market any new aircraft products during the next 12 months? Yes No

If "YES", provide details. _____

Have you carried Products Liability insurance in the past? Yes No

If "YES", provide the insurer name, policy number and limits for coverage carried during the past 2 years. _____

Has any insurer cancelled, declined or refused to renew your Products Liability insurance? Yes No

If "YES", provide details. _____

Attach your most recent Annual Report. If not available, please state reason:

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

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.

<u>Date Of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Are loss amounts shown above reduced by a deductible? Yes No

If "YES", specify amount _____

Are loss amounts shown above reduced by a self-insured retention? Yes No

If "YES", specify amount _____

Has any insured cancelled, declined, or refused to renew the Applicant's insurance? Yes No

If "YES", explain _____

Name of last or present aviation insurance company: _____ Expiration date: _____

OTHER INFORMATION

Please provide any other information relevant to this application:

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.

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 _____

FRAUD NOTICE

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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE-SPECIFIC PROVISIONS

- Arkansas** 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.
- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** 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.
- Florida** 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 of the third degree.
- Hawaii** 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.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to 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, or a claim for payment or other benefit pursuant to an insurance policy 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 is guilty of a crime and may be subject to fines and confinement in prison.
- Kentucky** 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.
- Louisiana** 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.
- Main** 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 denial of insurance benefits.
- Maryland** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico** 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 civil fines and criminal penalties.
- New York** **All commercial insurance forms, except as provided for automobile 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, or 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.

Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor

vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Ohio 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.

Oklahoma 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.

Oregon Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 1. Material to the risk assumed by us; or
 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania 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.

Puerto Rico Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Rhode Island 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.

Tennessee 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.

Virginia 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.

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 include imprisonment, fines and denial of insurance benefits.

West Virginia 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.