



Aviation Products Liability / Premises and Hangarkeepers / Working Parties / Non-Owned Aircraft Liability Insurance Questionnaire

Policy holder / insured Details

Name

Address

Name(s) of address(es) of all subsidiary companies to be insured

Website Address

Beginning of activities (year):

Number of employees:
of which pilots:

Name of the person in charge of insurance:

Name of the person in charge of Quality / safety:

Name of the subsidiaries to be covered or any requested additional insured:

Main providers of your company:

Have you signed any contract including waiver of subrogation with clients and/or providers ? Yes No

Please list any contractual agreement between the insured and its main providers and clients, which includes liability and indemnities clauses

Please forward a model of sales agreement.

Risks to be covered

	YES / NO	REQUESTED POLICY LIMIT
PRODUCTS LEGAL LIABILITY AND GROUNDING <ul style="list-style-type: none"> - Products <i>Losses the insured may become legally liable for, arising from an aviation product provided by the insured</i> - Grounding <i>Losses the insured becomes legally liable for, arising from the withdrawal from all flight operations required by a Civil Aviation Authority for safety purposes</i> 		
PREMISES LEGAL LIABILITY <i>Losses the insured may become legally liable for, arising from the fault or negligence of the Insured or by any defect in the Insured's premises, ways, works, machinery or plant used in the Insured's business</i>		
HANGARKEEPER LEGAL LIABILITY <ul style="list-style-type: none"> - <i>Damages the insured may become legally liable for arising from the care or custody of Third Parties' Aviation Products :</i> - <i>- Any loss to Third Parties arising from the care or custody of Third Parties' Aviation Products which the insured becomes legally liable for,</i> 		

Products (including past production)

Total number of units sold to date:

		National	Rest of the world EXCEPT USA	USA
(1) Fixed Wings	Civil	_____	_____	_____
	Militar	_____	_____	_____
(2) Rotor Wings	Civil	_____	_____	_____
	Militar	_____	_____	_____
Aviation spares and equipments				
Other : (specify)				

Estimated sales of aviation products:

Estimated turnover for the next 2 years :			
Currency	Year	Turnover	Of which USA
US\$	2016		
US\$	2017		

Estimated number of units sold and turnover for the next 2 years		National	Rest of the world EXCEPT USA	USA
Fixed Wings	Civil			
	Nb of units	_____	_____	_____
	Turnover	_____ US\$	_____ US\$	_____ US\$
	Militar			
	Nb of units	_____	_____	_____
	Turnover	_____ US\$	_____ US\$	_____ US\$
Rotor Wings	Civil			
	Nb of units	_____	_____	_____
	Turnover	_____ US\$	_____ US\$	_____ US\$
	Militar			
	Nb of units	_____	_____	_____
	Turnover	_____ US\$	_____ US\$	_____ US\$
Aviation spares and equipments	Nb of units	_____	_____	_____
	Turnover	_____ US\$	_____ US\$	_____ US\$
Other : (specify)	Nb of units	_____	_____	_____
	Turnover	_____ US\$	_____ US\$	_____ US\$

Describe all aircraft products, including containers therefor, designed, manufactured, assembled or distributed by the insured and all firms listed above.

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(USE SEPARATE SHEET OF PAPER TO COMPLETE FULLY)
PLEASE ATTACH PRODUCT PRESENTATION AND TECHNICAL SPECIFICATIONS

Has any aircraft or spacecraft product ever been subject to:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Manufacturer's Factory Service Bulletin or Advisory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Airworthiness Directive(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Emergency Airworthiness Directive(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Grounding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Recall by (i) any applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) any other firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) any governmental agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe fully, on a separate sheet, any "yes" answer above.

Does your company have or is your company working towards
ISO 9001/2 accreditation? Yes No

Describe

Does your company have a products integrity programme in place? Yes No

Describe

List all products' claims & groundings for past 10 years.

Date of loss	Description of claim	Amount of claim Including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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

Describe any "yes" answer on a separate sheet.

Has any products liability insurance been cancelled, refused or non-renewed? Yes No

Describe any "yes" answer on a separate sheet.

Current insurance:

Name of insurance company _____

Expiry date of policy _____

Limits of indemnity required:

- (a) Products Liability _____ aggregate
- (b) With Grounding Liability, limited _____ aggregate
included

Aviation Premises or Hangarkeepers Liability

Does applicant own or occupy any airport premises: Yes No

If "yes" to above, list airport name(s):

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List all buildings, hangars, ramps and all other premises to be insured.

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Applicant occupies: all part of premises
and is: owner tenant general lessee of premises

List all vehicles and mobile equipment, such as aircraft tugs and fuel trucks, used on the airport premises.

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Does applicant ever have non-owned aircraft in his care, custody or control at applicant's premises? Yes No

If "yes" to above, please provide the following details:

Average value any one aircraft _____ Average Total _____

Maximum value any one aircraft _____ Maximum Total _____

Maximum value (i) in any one hangar _____

(ii) tied out _____

List all aviation premises & hangarkeepers' claims for past 5 years:

Date of loss	Description of claim	Amount of claim Including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Limit of indemnity required for each occurrence _____

But, subject to a Deductible for each loss as respects loss or damage to Aircraft of _____

Working Parties Legal Liability

Do any of your employees go away from your premises to work on or around aircraft? Yes No

If "yes", is applicant insured for liability arising out of his work? Yes No

If you require a quotation to insure this liability, please supply the following details:

(a) Number of employees so involved _____

(b) Approximate number of visits per year ... _____

(c) Type(s) of work involved _____

(d) Type(s) of aircraft worked on _____

(e) Number & types of vehicles involved ... _____



List all working parties' claims, or incidents which could give rise to a claim, in past 5 years.

Date of loss	Description of claim	Amount of claim including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Limit of indemnity required for each occurrence _____

Non-Owned Aircraft Liability

Does applicant charter, rent or hire aircraft? Yes No

If "yes", is applicant currently insured for

Non-owned Aircraft Liability? Yes No

(a) If "yes", to what limit? _____

(b) Does applicant require coverage in excess of the above limit? Yes No

If applicant requires quotation to insure this liability, please supply the following details:

(a) Type(s) of aircraft/helicopters used _____

(b) Estimated number of hours used per year _____

(c) Maximum seating capacity required _____

(d) Area(s) of operation _____

(e) What will aircraft be used for?

(f) Is your company named as an additional Insured under the operators' policy? Yes No

(g) List names of aircraft operators and limits of liability purchased

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List all non-owned aircraft claims or incidents in past 5 years.

Date of loss	Description of claim	Amount of claim Including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Limit of indemnity required for each occurrence _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE PROPOSER TO COMPLETE THE INSURANCE.

Declaration

I declare that the information in this questionnaire is true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this questionnaire, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Requested inception date : / / 20.....

For and on behalf of all Insureds:

Signed
 Title
 (to be signed by a director of the Company)
 Company
 Date