



Please complete and send your Broker

[www.avroinsurance.com](http://www.avroinsurance.com)

## Manufacturers Aviation Products Liability Application Form

### APPLICANT DETAILS

Name of Insured:			
Street Address:			
City:	Province:	Postal Code:	
Current Insurer:	Date Coverage Required/Expiry Date:		
Has prior insurance ever been cancelled or non-renewed?			

### PRINCIPAL(S)

Owner:	Website:
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### TYPE OF BUSINESS (please complete all applicable)

Business of Insured:			
Years in business:			
Number of Aviation Employees:	Full time:	Part time:	
Number of offices in Canada:			
Number of offices in USA:			
Number of offices in rest of the world and locations:			

### List any subsidiary companies and provide exposures:

Company	Exposures

### SALES

#### Fixed Wing Aircraft Products

	Last Year 20__ Actual \$	Current Year 20__		Next 12 months Estimated \$
		Estimated \$	Actual \$	
Aircraft, airframes, components				
Engines, propellers				

#### Rotary Wing Aircraft Products

Helicopters, airframes, components				
Engines, propellers/rotors				
All other non-military aviation products, materials and components				

<b>Military Aircraft Products</b>				
Aircraft, airframes, engines, propellers and components				
Missiles and missile components				
Spacecraft and spacecraft components				
<b>TOTAL SALES</b>				

<b>PRINCIPAL CUSTOMERS</b>	
Customer	% of Sales

**UNDERWRITING INFORMATION**

Describe all your aviation products and state their functions and use:

What portion of the products are manufactured or assembled by outside companies, or manufactured by the Applicant to the specification and others:

Product	Manufactured/assembled by an outside Company (name of Company)	Manufactured by Applicant to the specification of others (name of Company)

How many years has Applicant manufactured products for?

Has any Applicant's products ever been subject to any recall or Airworthiness Directive?  
*If yes , please describe:*

Has the Applicant issued any service bulletins relating to aviation products?  
*If yes , please describe:*

Has the Applicant discontinued manufacturing any aviation products:  
*If yes , please describe:*

Has the Applicant entered into any written agreement(s) whereby either the Applicant holds harmless and indemnifies others, or is held harmless and idemnified by others?  
*If yes , please provide a copy of the agreement*

**Attach a copy of any brochures and/or warranties provided by the Applicant**

<b>COVERAGES REQUIRED</b>				
		Limit		Alternate Limits
Premises	each occurrence	\$	\$	\$
Products	each occ/aggregate	\$	\$	\$
Grounding	each occ/aggregate	\$	\$	\$

**ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)**  
**List all claims for past 10 years, including any incidents that could result in an insurable claim.**

The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

<b>Applicant's Signature</b>	<b>Date</b>
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<b>Broker's Name</b>	<b>Contact</b>
<b>Email</b>	<b>Phone</b>