



Plimsoll Specialty Markets, LLC

Plimsoll Specialty Markets, LLC
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Atlanta, GA 30339

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Aircraft Products Liability Application

Please complete all information.

This document does not provide any coverage or amend any existing coverage.

GENERAL INFORMATION

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Current Insurance Carrier: _____ Current Coverage Expires: _____

Applicant is: (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> an Individual | <input type="checkbox"/> a Partnership* (explain below) | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Assembly, Forging or Processing-
only to Customer's Specifications |
| <input type="checkbox"/> a Corporation | <input type="checkbox"/> Subsidiary* (explain below) | <input type="checkbox"/> Distributor | |
| <input type="checkbox"/> a Holding Company | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Repair & Service | <input type="checkbox"/> Other _____ |

Website: _____

*Name each partner or list all owned subsidiary companies:

How long has the applicant been in business? _____

LIMITS OF INSURANCE REQUESTED

COVERAGE A: BODILY INJURY OR PROPERTY DAMAGE LIABILITY \$ _____ EACH OCCURRENCE AND ANNUAL AGGREGATE

COVERAGE B: GROUNDING LIABILITY \$ _____ EACH GROUNDING AND ANNUAL AGGREGATE

COVERAGES A AND B: COMBINED \$ _____ ANNUAL AGGREGATE

PRODUCT INFORMATION

1. Describe All Aircraft Products Designed, Manufactured, Assembled, Processed, Repaired/Service, or Distributed by the Applicant or its Subsidiaries (submit brochures/website address).

2. Aircraft and/or Aircraft Systems in which Products are used:

3. Does the Applicant or its Subsidiaries manufacture the entire Product? Yes No

If No, describe component part(s) sourced from Others: _____

4. Does the Applicant or its Subsidiaries fully assemble the Product? Yes No

If No, describe assembly services sourced from Others: _____

5. Does the Applicant or its Subsidiaries maintain and/or service the Products? Yes No

If Yes, please attach a copy of your standard written service contract.

6. Describe Product Engineering & Testing Controls, Including Names of Outside Firms and Governmental Agencies Involved in Maintaining Quality Control:

7. List all Products Discontinued and Companies Sold/Terminated for which Coverage is Required:

8. Describe Potential Hazards of all Aircraft Products including if: Flammable, Explosive, Corrosive, Poisonous or Toxic in any Chemical State:

9. Have Any Aircraft Products Ever Been Subject to:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Manufacturer's Factory Service Bulletin or advisory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Airworthiness Directive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Emergency Airworthiness Directive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 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 |

Explain all YES answers (attach separate sheet, if necessary):

Please indicate who:	Inspects Product	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
	Instructs Users	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
	Warns Users	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government
	Prepares Operating/Maintenance Manuals	<input type="checkbox"/> Applicant	<input type="checkbox"/> Customer	<input type="checkbox"/> Government

10. Has the Applicant or its Subsidiaries ever been sued or has any claim ever been made against the company with regard to its Aircraft Products? Yes No

If Yes, please attach a 10-year loss and provide a detailed summary of the claim or suit whether pending or resolved, including the amount paid and reserved. Loss Run and Details Attached

11. Have there been any other incidents in the past 10 years which could result in a Claim? Yes No

Describe: _____

SALES RECEIPTS

	<u>Estimated Sales</u> <u>Next Year</u>	<u>Actual Sales</u> <u>This Year</u>	<u>Actual Sales</u> <u>Prior Year</u>	<u>Actual Sales</u> <u>Next Prior Year</u>
Non-Military				
Airline	\$ _____	\$ _____	\$ _____	\$ _____
Fixed Wing-Piston	\$ _____	\$ _____	\$ _____	\$ _____
Fixed Wing-Turbine (Non Airline)	\$ _____	\$ _____	\$ _____	\$ _____
Helicopter	\$ _____	\$ _____	\$ _____	\$ _____
Spacecraft				
Space Shuttle	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Non-Military Sub Total	\$ _____	\$ _____	\$ _____	\$ _____
Military				
Fixed Wing	\$ _____	\$ _____	\$ _____	\$ _____
Rotorcraft	\$ _____	\$ _____	\$ _____	\$ _____
Missiles	\$ _____	\$ _____	\$ _____	\$ _____
UAV's (unmanned Aerial Vehicle)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Foreign Military				
Fixed Wing	\$ _____	\$ _____	\$ _____	\$ _____
Rotorcraft	\$ _____	\$ _____	\$ _____	\$ _____
Missiles	\$ _____	\$ _____	\$ _____	\$ _____
UAV's (unmanned Aerial Vehicle)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Military Sub Total	\$ _____	\$ _____	\$ _____	\$ _____
GRAND TOTAL	\$ _____	\$ _____	\$ _____	\$ _____
Repair & Servicing of Aircraft and Aviation Products				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____

Describe Repair and/or Servicing Operations: _____

List Principal Customers and Percentage of Sales for Each

Customer Name	% of Sales	Customer Name	% of Sales
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Has the Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers? _____ No _____ Yes

If Yes, please provide copies of these warranties or agreements.

FRAUD WARNINGS

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 from 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.
Kansas	A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by 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 for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance 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.
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.
Maine	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 or 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	<p>General: All applications for commercial insurance, other than 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.</p> <p>All applications for automobile insurance and all claim 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.</p> <p>Fire: 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.</p> <p>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.</p>
Ohio	<p>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.</p>
Oklahoma	<p>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.</p>
Pennsylvania	<p>All Commercial Insurance, 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 subjects such person to criminal and civil penalties.</p> <p>Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>
Puerto Rico	<p>Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p>
Rhode Island	<p>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.</p>
Tennessee	<p>All Commercial Insurance, Except As Provided for Workers' Compensation 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.</p> <p>Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</p>

Utah	Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company; this application does not bind the applicant or the company to provide any 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, 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.

Applicant: _____

Title: _____

Applicant's Signature: _____

Date: _____

Producer: _____
State / License No.: _____ / _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____ - _____ **Fax:** _____ - _____