

## MANUFACTURER'S LIABILITY

Please complete and sign this application and forward it to AVRO Insurance Managers Ltd. by fax (604-608-3384) or email (underwriting@avroins.ca).

APPLICANT INFORMATION			
NAME	PHONE	FAX	EMAIL
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
APPLICANT TYPE		IF OTHER, EXPLAIN	
<input type="checkbox"/> Individual <input type="checkbox"/> Canadian Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
LIST ANY SUBSIDIARY COMPANIES, DIVISIONS OR OTHER ENTITIES			
HAVE ANY SUBSIDIARY COMPANIES, DIVISIONS OR OTHER ENTITIES BEEN ACQUIRED OR DIVESTED WITHIN THE LAST TEN YEARS?			
<input type="checkbox"/> yes <input type="checkbox"/> no			

COVERAGE AND LIMITS						
COVERAGE			LIMIT			
Single Limit Bodily Injury and Property Damage	<input type="checkbox"/> yes <input type="checkbox"/> no		\$	Each Occurrence	\$	Combined Annual Aggregate
			\$	Annual Aggregate		
Grounding Liability	<input type="checkbox"/> yes <input type="checkbox"/> no		\$	Each Grounding		
			\$	Annual Aggregate		
Premises Liability	<input type="checkbox"/> yes <input type="checkbox"/> no		\$			
Non-owned Aircraft Liability	<input type="checkbox"/> yes <input type="checkbox"/> no		\$			
Other Liability	<input type="checkbox"/> yes <input type="checkbox"/> no		\$			

SALES				
NON-MILITARY AVIATION PRODUCTS		LAST YEAR	THIS YEAR	NEXT YEAR
Aircraft, airframes, engines, propellers and components (excluding helicopter products)		\$	\$	\$
Helicopters, helicopter airframes, engines, rotors and components		\$	\$	
All other non-military aviation products, materials or components		\$	\$	\$
MILITARY AVIATION PRODUCTS		LAST YEAR	THIS YEAR	NEXT YEAR
Aircraft, airframes, engines, propellers and components (excluding helicopter products)		\$	\$	\$
Helicopters, helicopter airframes, engines, rotors and components		\$	\$	
Missiles and missile components		\$	\$	\$
All other military components		\$	\$	\$
SPACECRAFT AND SPACECRAFT COMPONENTS		LAST YEAR	THIS YEAR	NEXT YEAR
Spacecraft and spacecraft components		\$	\$	\$
<b>Total Sales</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

CUSTOMERS			
NAME	% OF SALES	NAME	% OF SALES
1.		4.	
2.		5.	
3.		6.	

UNDERWRITING INFORMATION		
Attach copies of (a) brochures, specifications or other material describing your project, (b) your latest annual financial statement, and (c) warranties you provide.		
DESCRIBE ALL YOUR AVIATION PRODUCTS AND STATE THEIR FUNCTION AND USE		
NUMBER OF YEARS APPLICANT HAS MANUFACTURED AVIATION PRODUCTS		
		IF YES, EXPLAIN
1. Are any of the applicant's products subject to any Airworthiness Directive	<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Has the applicant recalled any aviation products during the last five years?	<input type="checkbox"/> yes <input type="checkbox"/> no	

3. Has the applicant issued any service bulletins relating to aviation products during the last five years?	<input type="checkbox"/> yes <input type="checkbox"/> no	
4. Has the applicant discontinued manufacturing any aviation product?	<input type="checkbox"/> yes <input type="checkbox"/> no	
5. Does the applicant lease aviation or other products to others?	<input type="checkbox"/> yes <input type="checkbox"/> no	
6. Does the applicant own or operate any aircraft?	<input type="checkbox"/> yes <input type="checkbox"/> no	

**LOSS HISTORY AND PREVIOUS INSURANCE**

		IF YES, EXPLAIN
1. Has the applicant had any aviation product claims or losses?	<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Has any insurer cancelled, declined or refused to renew any aviation products liability insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no	
NAME OF LAST OR PRESENT AVIATION PRODUCTS LIABILITY INSURER	YEARS WITH THIS INSURER	EXPIRATION DATE OF POLICY
NAME OF LAST OR PRESENT GENERAL LIABILITY INSURER	YEARS WITH THIS INSURER	EXPIRATION DATE OF POLICY

**TIMING**

INSURANCE IS REQUESTED FROM 12:01AM ON THIS DATE	INSURANCE IS REQUESTED UNTIL 12:01AM ON THIS DATE

**BROKER/AGENT INFORMATION**

NAME	PHONE	FAX	EMAIL
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
TYPE	IS BROKER/AGENT A HOLDING PRODUCER?	IF YES, FOR HOW MANY YEARS?	
<input type="checkbox"/> broker <input type="checkbox"/> agent	<input type="checkbox"/> yes <input type="checkbox"/> no		

**CONFIRMATION**

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I/we hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

SIGNATURE OF APPLICANT	TITLE	DATE