



TRANSPORT RISK
TRANSPORT RISK MANAGEMENT Inc.

Phone: 720.208.0844 Fax: 720.208.0845

Name of Applicant: _____

Address: _____

Applicant's business is: _____

Applicant is: Individual Corporation Partnership (Names of Partners) Other (describe)

Classify business as: (check all that apply) Manufacturer Distributor
 Repair & Service Other: _____

How long has Applicant been in business? _____ years.

Are any of the products manufactured by the Applicant currently the subject of a Federal Aviation Administration (FAA) Airworthiness Directive? No Yes

Note: The FAA issues an airworthiness directive when: (a) an unsafe condition exists in a product; and (b) that condition is likely to exist or develop in other products of the same type design. No person may operate a product to which an airworthiness directive applies except in accordance with the requirements of that airworthiness directive.

Insurance quotation is for annual period beginning: _____

Aviation Products & Grounding Liability Aircraft Liability Other: _____

Limit of Liability: \$ _____

Does Applicant own or operate an aircraft? No Yes

Has Applicant signed any special warranties or agreements whereby Applicant has indemnified any suppliers or customers?

No Yes: Please provide copies of these warranties or agreements.

LOSS HISTORY AND PREVIOUS INSURANCE

EXPLAIN EACH "YES" ANSWER ON A SEPARATE SHEET

Has Applicant had any aviation products claims or losses? No Yes

Has any insurer cancelled, declined or refused to renew any aviation products liability insurance? No Yes

Name of last or present aviation products liability insurer: _____ Policy Expiration: _____

Name of last or present general liability insurer: _____ Policy Expiration: _____

AVIATION PRODUCTS MANUFACTURED BY APPLICANT

AVIATION PRODUCTS	DESCRIPTION OF PRODUCT	MODELS OF AIRCRAFT WHICH UTILIZE PRODUCT	AIRCRAFT SYSTEM(S) IN WHICH PRODUCT IS UTILIZED
FIXED Airline	_____	_____	_____
WING Private	_____	_____	_____
AIRCRAFT Military	_____	_____	_____
ROTARY Airline	_____	_____	_____
WING Private	_____	_____	_____
AIRCRAFT Military	_____	_____	_____
MISSILES & SPACECRAFT	_____	_____	_____

PLEASE FURNISH COPIES OF CATALOGUES, BROCHURES, ANNUAL REPORTS AND WARRANTIES

AVIATION SALES

GROSS AVIATION SALES	NEXT YEAR	CURRENT YEAR	PRIOR YEAR	2 nd PRIOR YEAR
FIXED Airline	\$ _____	\$ _____	\$ _____	\$ _____
WING Private	\$ _____	\$ _____	\$ _____	\$ _____
AIRCRAFT Military	\$ _____	\$ _____	\$ _____	\$ _____
ROTARY Airline	\$ _____	\$ _____	\$ _____	\$ _____
WING Private	\$ _____	\$ _____	\$ _____	\$ _____
AIRCRAFT Military	\$ _____	\$ _____	\$ _____	\$ _____
MISSILES & SPACECRAFT	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

CUSTOMERS

List principal customers and percentages of gross aviation products sales to each.

CUSTOMER	% of SALES	CUSTOMER	% of SALES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROCEDURES

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 |

I/We authorize Transport Risk Management, Inc. as our broker to represent me/us in the placement of this insurance:

Transport Risk Management, Inc.
 12424 Big Timber Drive, #4, Conifer, Colorado 80433
 Phone: 720.208.0844 Fax: 720.208.0845

I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until an insurance carrier through Transport Risk Management, Inc. effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by an insurance carrier through Transport Risk Management, Inc., the full amount of premium becomes immediately due and payable. I/We authorize Transport Risk Management, Inc. and any carriers they work with to investigate all or any qualifications or statements contained herein.

Date: _____ x _____
Personal Signature of Applicant or Authorized Executive is Required

Transp: _____