



AVIATION PRODUCTS LIABILITY INSURANCE APPLICATION

Check which is desired: Quotation
Insurance

RETURN TO: **Sunset Aviation Insurance Services, Inc.**
312 Arizona Ave
Ben@sunsetais.com
Santa Monica, CA 90401
Tel: (310) 453-3355
Cell: (760) 331-8166

PRODUCER:

Company Name
Address
City State Zip
Telephone Facsimile

APPLICANT INFORMATION

Applicant

Address

City State Zip

E-Mail Address

Telephone

Applicant Is (Check One) Individual(s) Corporation Partnership Other

Requested Policy Term: From To

CORPORATE ORGANIZATION

Is the Applicant have an Internet web site? Yes No

If "YES", please provide the address:

Is the Applicant a subsidiary of another organization? Yes No

If "YES", please provide the name and address:

Is the Applicant a subsidiary of another organization? Yes No

If "YES", please provide name(s) and address(es) of all subsidiaries:

Is the Applicant a parts distributor? Yes No

If "YES", what percentage of sales apply to the products to be insured? %

Does the Applicant manufacture their own product? Yes No

If "YES", what percentage of sales apply to the products to be insured? %

SALES INFORMATION

Estimated Sales
Next 12 Months

Actual Sales
Previous 12 Months

Non-Military Aircraft Products

Fixed Wing - Piston Aircraft

Fixed Wing - Turbine Aircraft

Rotorwing

All Other Non-Military Aircraft Products

TOTAL FOR NON-MILITARY AIRCRAFT PRODUCTS

Military Aircraft Products

Missiles & Spacecraft (excluding Space Shuttle)

Rotorwing

Space Shuttle

All Other Military Aircraft Products

TOTAL FOR MILITARY AIRCRAFT PRODUCTS

REQUESTED COVERAGE & LIMITS

Products (Bodily Injury & Property Damage)

Grounding

DESCRIPTION OF PRODUCTS AND COVERAGE

Are the Applicants product flight critical?

Yes

No

Describe the aircraft products manufactured or sold by the Applicant or its subsidiaries (submit brochures or other similar material if available) and specify the AIRCRAFT AND AIRCRAFT SYSTEMS in which the products are used.

How many years has the Applicant operated under the present business name?

Describe the terms of any basic or extended warranties provided for the aircraft products that the Applicant manufactures. Submit sample copies if available.

List names of key customers to whom the Applicant's aircraft products are sold.

Describe testing and engineering controls used to maintain quality control of the aircraft products.

Does the Applicant manufacture the entire product?

Yes

No

If "NO", describe component part(s) sourced from others.

Does the Applicant fully assemble the product?

Yes

No

If "NO", describe assembly services sourced from others.

Does the Applicant maintain and/or service your products?

Yes

No

If "YES", provide details including a copy of your standard written service contract and receipts from this source.

DESCRIPTION OF PRODUCTS AND COVERAGE (CONT.)

	Yes	No
If "YES", provide details.		
Has the Applicant ever been sued or has any claim ever been made against them in connection with any of the Applicant's aircraft products, whether or not such products are subject of this application?	Yes	No
If "YES", provide details and status of such claim or suit whether pending or resolved. If resolved, explain manner or resolution.		
Is the Applicant aware of any incident, occurrence or circumstance involving any of the products described on this application which is likely to result in a claim against them?	Yes	No
If "YES", provide details.		
Have any of the Applicant's aircraft products ever been subject to any inquiry or investigation by any Government Agency concerning their operation, use, adequacy or labeling, hazardous contents or safety?	Yes	No
If "YES", provide details and results of such inquiry.		
Have any of the Applicant's aircraft products ever been withdrawn from the market either voluntarily or by order of any Government Authority?	Yes	No
If "YES", provide details.		
Has the Applicant discontinued the manufacture of any aircraft product during the last 5 years?	Yes	No
If "YES", attach explanation and sales for such products by year.		
Is the Applicant planning to manufacture or market any new aircraft products during the next 12 months?	Yes	No
If "YES", provide details.		
Attach Applicant's most recent Annual Report. If not available, please state reason.		

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

List all claims occurring during the last 5 years other than those associated to Workers Compensation. Should more space be required to report additional losses, the Applicant must attach the *Addendum (Loss History)* to provide details for such losses. The *Addendum (Loss History)* may be downloaded at <http://www.wbais.com>. Attach loss runs provided by your insurance company of available.

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
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Are loss amounts shown above reduced by a deductible?	Yes	No
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If "YES", specify amount

Are loss amounts shown above reduced by a self-insured retention?	Yes	No
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If "YES", specify amount

Has any insurer canceled, declined or refused to renew the Applicant's insurance?	Yes	No
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If "YES", explain

Name of last or present aviation insurance company?	Expiration Date:
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OTHER INFORMATION

Please provide any other information relevant to this application.

The Applicant certifies that the statements in this Application are true and that no material information has been withheld or suppressed. The Applicant agrees that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the Insurer. The Applicant hereby authorizes this Company to investigate all or any qualifications or statements contained herein. The Applicant understands that this application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance.

FRAUD WARNING: 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 and subjects such person to criminal and civil penalties.

Applicant's Name (Please Print)

Applicant's Title

Applicant's Signature

Date

FRAUD NOTICE

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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE-SPECIFIC PROVISIONS

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 for 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.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Kansas	Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to 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, or a claim for payment or other benefit pursuant to an insurance policy 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 is guilty of a crime and may be subject to fines and confinement in prison.
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 and 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	All commercial insurance forms, 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 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.

Automobile insurance 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.

Fire Insurance: 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. 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.

Ohio	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.
Oklahoma	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.
Oregon	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:</p> <ul style="list-style-type: none">A. The misinformation is material to the content of the policy;B. We relied upon the misinformation; andC. The information was either:<ul style="list-style-type: none">1. Material to the risk assumed by us; or2. Provided fraudulently. <p>For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.</p> <p>With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.</p> <p>Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.</p>
Pennsylvania	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.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	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.
Tennessee	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.
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.