



Products & Completed Operations Supplement

Named Insured: _____

Policy Number: _____

Prior to quoting new business or renewal of the current policy, detailed current information is required on the applicant's operations and receipts. ***This information is requested even if products & completed operations coverage is not desired.*** Please provide the receipts for each category of operations contemplated by the applicant/insured and respond to each YES/NO question shown below.

OPERATIONS OF APPLICANT:

		Actual Receipts Last 12 months	Estimated Receipts Next 12 months
Aircraft Painting		\$ _____	\$ _____
Sale of Aviation Fuel & Lubricants		\$ _____	\$ _____
Fixed Wing Aircraft Repairs & Services		\$ _____	\$ _____
Rotor Wing Aircraft Repairs & Services		\$ _____	\$ _____
Aircraft Sales	New	\$ _____	\$ _____
	Used	\$ _____	\$ _____
Parts Not Installed		\$ _____	\$ _____
Aircraft Washing / Detailing		\$ _____	\$ _____
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Vending / Catering	\$ _____	\$ _____
Other (please specify) _____		\$ _____	\$ _____

Please expand on above and advise of other activities (i.e. aircraft modifications STC) – describe and include level of activity (percentage of work, or receipts) where a 'yes' response is provided (use reverse or additional sheets if necessary).

Do your aircraft repairs & services include any of the following? comment / explanation

Sheet metal repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Composite airframe repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Repair or re-skinning fabric airframe surfaces	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Major structural repair or overhaul	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Engine or propeller overhaul	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Builder assistance for amateur-built aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Repairs or service of airline aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Repairs or service of helicopters	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Repairs or service of amateur built aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Repairs or service of aerial application (Ag) aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Repairs, service or installation of avionics	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Do your operations include any of the following?

Aircraft painting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Sale of Fuel to Airlines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Manufacture of aircraft or aircraft components?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Airport management?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Servicing of nav aids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Mobile repair services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Other operations or services not listed above, please describe here: _____

The undersigned hereby certifies that the information stated above accurately represents the revenues of this organization's aviation repair & service and aviation sales business.

Signed _____
(Applicant/Insured)

Date: _____

Name of Applicant/Insured: _____
(Please Print Name In Full)

AEROSPACE INSURANCE MANAGERS, INC.

15280 Addison Road Suite 250 | Addison, Texas 75001 | Tel 972.852.1200 888.880.1289 Fax 972.852.1212 | aerospaceim.com
221 East Glenoaks Boulevard Suite 150 | Glendale, California 91207 | Tel 818.547.1400 Fax 818.547.3800 | **West Coast Office**