



Aircraft Builders Council, Inc. Liability Insurance Application

Application

Client Information:

Company Name

Street 1

Street 2

City

Country

State

Zip

Business Type

Business Type if 'Other'

Person Responsible for Placement

First Name

Last Name

Phone

Email

Classify business as (Check all that apply):

Aircraft Component Part Manufacturer

Aircraft Servicer/Repairer

Other

Please describe if 'Other'

Using the following definition would you describe the parts you manufacture as being:*

Critical Parts

Non Critical Parts

Critical Parts are those parts that are crucial for continued safe flight and the failure of which would result in the flight being unable to continue to a suitable landing site and/or serious or fatal injury to the occupants. These parts can be defined as those that bear flight loads in airframe/engines and that control the attitude of the aircraft and/or engine power.

Total Sales:

Sales, Current Year - Estimate (USD)

Sales, Next Year – Estimate (USD)

Sales, Year-to-Date - Estimate (USD)

***Advise Civil Military split if known.**

Percent Civilian

Percent Military

%

%

Effective Date:

(12.01 A.M., Standard time at the address of the applicant)*

State the nature and describe your business:*

Coverage required from the ABC facility:

Aircraft Products & Grounding Liability*

Premises Liability

Hangarkeepers Liability

Hangarkeepers Questions (Only complete if applying for Hangarkeepers Liability:

Name Locations at which main Aircraft service and repair operations are undertaken:*

State types of Aircraft worked on:*

**In respect of Aircraft belonging to others in your care custody and control advise
- Maximum Average Value any one Aircraft (USD):***

**In respect of Aircraft belonging to others in your care custody and control advise
- Maximum Average Value any one Aircraft (USD):***

**In respect of Aircraft belonging to others in your care custody and control advise
- Maximum Average Value any one Aircraft (USD):***

State the number of vehicles operated by you or on your behalf that are licensed to operate airside:*

Are the hangars and workshops sprinklered?*

No

Yes

Do you have foam fire suppressant in your hangars?*

No

Yes

All Applicants Continue:

Names of your top 5 customers to whom such products are sold, and percentage of sales to each:*

State whether the applicant has a management system certified to an:

ISO 9000

AS 9000

AS 9110

ISO 14000

AS 9100

AS 9120

Any other applicable certifications?

Describe testing and engineering controls used to maintain quality of aircraft products:*

Have there been any incidents likely to generate an aviation liability claim in the last 10 years?*

No

Yes

If Yes:

Is/has any product been the subject of a grounding by the FAA, EASA or any other regulatory authority?*

No

Yes

If Yes:

Has any product been subject to an Airworthiness Directive?*

No

Yes

If Yes:

Has any insurer cancelled, declined or refused to provide you aviation liability Insurance in the last 10 years?*

No

Yes

If Yes:

Name of present insurer. If uninsured, please state none:*

Would you like to receive details of the ABC Annual Conference?*

No

Yes

Certificates of Insurance

Certificate Holder Information:

| | |
|-------------------------|-----------------|
| Business Name | Email |
| Reference Number | Street 2 |
| Street 1 | Country |
| City | State |
| Zip | |

Certificate Holder Information:

| | |
|-------------------------|-----------------|
| Business Name | Email |
| Reference Number | Street 2 |
| Street 1 | Country |
| City | State |
| Zip | |

Certificate Holder Information:

| | |
|-------------------------|-----------------|
| Business Name | Email |
| Reference Number | Street 2 |
| Street 1 | Country |
| City | State |
| Zip | |

Subsidiaries

Subsidiary Information:

Business Name

Email

Street 1

Street 2

City

State

Zip

Country

Subsidiary Information:

Business Name

Email

Street 1

Street 2

City

State

Zip

Country

Subsidiary Information:

Business Name

Email

Street 1

Street 2

City

State

Zip

Country

Warranty Signature

In presenting this information the applicant declares that to their knowledge no feature exists of any aircraft product to be insured that would require, in their judgement, that it be grounded or replaced as unsafe, and with respect to which remedial action has not been or is not being taken and that the details provided in this application form are correct at the date of signing.

Name

Signature

Title

Date