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**AIRCRAFT PRODUCTS & COMPLETED OPERATIONS  
 APPLICATION AND SURVEY OF HAZARDS**

**A. APPLICATION INFORMATION - ANSWER ALL QUESTIONS \*  
 (USE SEPARATE SHEET OF PAPER, IF NECESSARY)**

TODAY'S DATE:

1) APPLICANT IS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  HOLDING COMPANY  
 SUBSIDIARY OF:  
 OTHER (EXPLAIN):

2) NAME:

3) STREET ADDRESS:

CITY STATE ZIP

4) LIST ALL OWNED, SUBSIDIARY, AFFILIATED, MANAGED, AND/OR CONTROLLED COMPANIES:

**B. POLICY TERM AND COVERAGE LIMITS REQUESTED**

1. EFFECTIVE FROM: (A.M.) to 12:01 A.M.

2. COVERAGES: **XX** A: PRODUCTS LIABILITY: *IN*cluding completed operations.  
*IN*cluding spacecraft/satellite.

**XX** B: GROUNDING LIABILITY:

3. LIMITS OF LIABILITY:

<input type="checkbox"/> COVERAGE A	\$	Each Occurrence / Grounding / Annual Aggregate
	\$	Separate Spacecraft Aggregate
<input type="checkbox"/> COVERAGE B	\$	Each Grounding / Aggregate
<input type="checkbox"/> COVERAGES A & B COMBINED	\$	Each Occurrence / Grounding / Annual Aggregate

4. **ADDITIONAL COVERAGES:** ;

FOREIGN MILITARY HULL  ON-BOARD TESTING;  
 INCLUDE VENDORS  OTHER

\*\* NOTE, IN ORDER FOR PRODUCTS AND/OR COMPLETED OPERATIONS LIABILITY COVERAGE TO RESPOND TO A CLAIM, THERE MUST BE AN OCCURRENCE, WHICH IS DEFINED AS AN "ACCIDENT".

**C. GENERAL INFORMATION**

1. DOES APPLICANT USES AIRPORT PREMISES?  YES  NO

2. IF YES, PLEASE DESCRIBE LOCATION, USES, ETC.:

3. EARLIEST DATE APPLICANT/SUBSIDIARY BEGAN BUSINESS:

4. DESCRIBE ALL AIRCRAFT PRODUCTS AND COMPLETED OPERATIONS (INCLUDING CONTAINERS THERFOR) DESIGNED, MANUFACTURED, ASSEMBLED, OR DISTRIBUTED BY YOU AND ALL FIRMS SHOWN IN QUESTION #5. (USE SEPARATE SHEET IF NECESSARY)



**\* ANSWER ALL QUESTIONS \***

**E. PRINCIPAL CUSTOMERS**

*SHOW CURRENT PRINCIPAL CUSTOMERS AND PERCENTAGE OF SALES FOR EACH*

CUSTOMER NAME	%	CUSTOMER NAME	%	CUSTOMER NAME	%

**F. GENERAL INFORMATION – USE ADDITIONAL PAPER IF NECESSARY TO COMPLETE QUESTIONS.**  
(IF “Other”, Please Describe)

1. APPLICANT IS:  ORIGINAL EQUIPMENT DESIGNER/MANUFACTURER;  
 SUB-CONTRACTOR;  DISTRIBUTOR;  MODIFICATION SERVICE;  REPAIR SERVICE;  
 OTHER - Describe:

2. ATTACH COPIES OF ALL AIRCRAFT PRODUCT(S) SALES BROCHURE(S)     ATTACHED

3. DESCRIBE/ATTACH COPIES OF ALL AIRCRAFT PRODUCT WARRANTY(S)     ATTACHED

4. DESCRIBE PRODUCT ENGINEERING & TESTING CONTROLS, INCLUDING NAMES OF OUTSIDE FIRMS AND GOVERNMENTAL AGENCIES INVOLVED IN MAINTAINING QUALITY CONTROL.

5. LIST ALL PRODUCTS DISCONTINUED & COMPANIES SOLD/TERMINATED FOR WHICH COVERAGE IS REQUIRED:

6. DESCRIBE MODIFICATIONS TO CURRENT PRODUCTS AND DESCRIBE ALL NEW AIRCRAFT PRODUCTS FOR NEXT 12 MONTHS.

6A. DESCRIBE WHY MODIFICATIONS ARE / WERE NECESSARY:

7. LIST ALL LIQUID CHEMICAL AIRCRAFT PRODUCTS.

8. DESCRIBE POTENTIAL HAZARDS OF ALL AIRCRAFT PRODUCTS INCLUDING FLAMMABLE, EXPLOSIVE, CORROSIVE, POISONOUS, OR TOXIC IN ANY CHEMICAL STATE.

9. DESCRIBE/ATTACH COPIES OF WARNINGS OF POTENTIAL HAZARDS.  COPIES ATTACHED

**\* ANSWER ALL QUESTIONS \***

10. LIST BY MAKE & MODEL SPACECRAFT YOUR PRODUCT(S) ARE A PART OF:

11. LIST LAUNCH VEHICLE(S) FOR EACH SPACECRAFT:

12. LIST ANTICIPATED SPACECRAFT LAUNCH DATES:

13. WHAT PORTIONS OF THE PRODUCT(S) ARE MANUFACTURED OR ASSEMBLED BY OUTSIDE FIRMS?

PRODUCT:

FIRM:

14. WHAT PRODUCTS ARE MANUFACTURED TO THE SPECIFICATIONS OF OTHERS BY APPLICANT OR ANY SUBSIDIARY?

PRODUCT:

FIRM:

15. DOES ANY APPLICANT OR SUBSIDIARY THEREOF SELL OR DISTRIBUTE PRODUCTS OF OTHERS?

PRODUCT:

FIRM:

16. DESCRIBE REPAIR AND/OR SERVICE OPERATIONS:

17. DESCRIBE/ATTACH COPIES OF SERVICE CONTRACTS. [ ] COPIES ATTACHED

18. DESCRIBE/ATTACH COPIES OF ALL AIRCRAFT PRODUCTS HOLD HARMLESS OR INDEMNIFICATION CONTRACTS: [ ] COPIES ATTACHED

19. HAVE ANY AIRCRAFT PRODUCTS EVER BEEN SUBJECT TO:

(a) MANUFACTURER'S FACTORY SERVICE BULLETIN OR ADVISORY?	[ ] YES	[ ] NO
(b) AIRWORTHINESS DIRECTIVE?	[ ] YES	[ ] NO
(c) EMERGENCY AIRWORTHINESS DIRECTIVE?	[ ] YES	[ ] NO
(d) RECALL BY:	[ ] YES	[ ] NO
(I) ANY APPLICANT	[ ] YES	[ ] NO
(II) ANY OTHER FIRM OR	[ ] YES	[ ] NO
(III) GOVERNMENTAL AGENCY	[ ] YES	[ ] NO

DESCRIBE ANY ITEM ABOVE ANSWERED "YES":

**G. LOSS INFORMATION**

1. Describe all Aviation Products related Losses within the last ten (10) years.(attach separate sheet if necessary):

DATE	DESCRIPTION	AMOUNT PAID	AMOUNT RESERVED
		\$	\$
		\$	\$
		\$	\$
		\$	\$

2. HAVE THERE BEEN ANY OTHER INCIDENTS IN THE PAST 10 YEARS WHICH COULD RESULT IN A CLAIM? [ ] YES [ ] NO IF YES, DESCRIBE:

3. HAS ANY SUBSIDIARY, AFFILIATED, OWNED OR MANAGED FRIM, OR APPLICANT'S PRODUCTS LIABILITY BEEN "SELF-INSURED", OR NOT INSURED, WITHIN THE PAST 10 YEARS? [ ] YES [ ] NO IF YES, DESCRIBE:

4. HAS ANY PRODUCTS LIABILITY INSURANCE BEEN CANCELED, REFUSED OR NON-RENEWED? [ ] YES [ ] NO IF YES, DESCRIBE AND GIVE DATES:

5. WILL YOU BE PURCHASING EXCESS COVERAGE OVER THIS INSURANCE? [ ] YES [ ] NO

**G. CURRENT INSURANCE:**

**NAME OF CURRENT INSURANCE COMPANY:**

**EXPIRATION DATE:**

**NOTICE TO NEW YORK APPLICANTS:** "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, 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."

**NOTICE TO OHIO APPLICATIONS:** "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 FRAUDS."

**NOTICE TO KENTUCKY APPLICATIONS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OFR 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."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "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 MATERIAL FALSE INFORMATION OR CONCELAS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO COLORADO APPLICANTS:** "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 IMPRISONMET, 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 SETTLEMET OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT REGULATORY AUTHORITIES."

**NOTICE TO MAINE APPLICANTS:** "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 BENEFITS.

**NOTICE TO NEW MEXICO APPLICANTS:** "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."

**NOTICE TO ARKANSAS APPLICANTS:** "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 CONFINEMENT IN PRISON."

**NOTICE TO VIRGINIA APPLICANTS:** "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."

**ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE. I/WE UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL ("UNDERWRITERS" STATED IN SECTION I "INSURER" ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE "UNDERWRITERS", THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/WE AUTHORIZE THE "UNDERWRITER" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.**

<b>DATE</b>	<b>PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE</b>
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**SEND YOUR COMPLETED APPLICATION TO:**



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