**AVIATION PROFESSIONAL SERVICES LIABILITY APPLICATION**

**THE APPLICANT IS APPLYING FOR A CLAIMS-MADE POLICY. CLAIMS MUST BE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD AND REPORTED TO US IN ACCORDANCE WITH THE TERMS OF THE POLICY, IF PURCHASED.**

**Applicant Information**

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| APPLICANT NAME: | | |
| ADDRESS: | | |
| CONTACT NAME: | EMAIL ADDRESS: | PHONE NUMBER: |
| BUSINESS OR OCCUPATION OF APPLICANT: | | |
| NAME AND ADDRESS OF ANY RELATED ENTITIES: | | |

**Aviation Professional Services Information**

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| Describe in detail the Aviation Professional Services for which insurance is desired: | |
| Is the Applicant engaged in any business or profession other than as described as above? If Yes, please describe: | Yes  No |

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| Provide fiscal year and gross revenues for the Applicant. If newly established, indicate anticipated gross revenues for current and next projected year: | | | | |
| Fiscal Year End Date: | Fiscal Year | Gross Revenues | | |
| U.S. | International | Total |
| Past Year | $ | $ | **$** |
| Current Year | $ | $ | **$** |
| Next Projected Year | $ | $ | **$** |

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| Provide a percentage breakdown of current revenues for each Aviation Professional Service performed: | |
| Aviation Professional Services | Percent of Revenue |
|  | % |
|  | % |
|  | % |
|  | % |

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| Include a list of Applicant’s five (5) largest jobs or projects for the past two years: | | | | |
| Name of Client | Description of Services Performed | Gross Revenues by Fiscal Year | | |
| Past | Current | Next Project |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |

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| --- | --- | --- | --- | --- |
| Please list all key employees and executives and their roles: | | | | |
| Last Name: | First Name: | Function: | Professional Qualifications: | Professional Experience in Years |
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| Please list your main clients/customers: | | | | | |
| For the purpose of your business activities, do you use a written contract or agreement describing the services to be provided to the client? | | | | | Yes  No |
| If “Yes”, please provide a sample agreement. | | | | | |
| If “No”, how is the agreement with the client documented? | | | | | |
| Are there any additional hold harmless agreements, warranty provisions or guarantees in force? | | | | Yes  No | |
| If “Yes”, please indicate the scope of such agreement or attach relevant agreement extracts: | | | | | |
| Do any of your employees work on or around aircraft at any location? | | | | Yes  No | |
| Types of work involved:  Maintenance  Repair  Overhaul of aircraft  Other, please specify: | | | | | |
| Number of employees involved: | Types of aircraft involved: | | Number and type of vehicles involved: | | |
| While work is being performed, are the aircraft in your care, custody or control? | | | | Yes  No | |
| Highest aircraft value: $ | Combined value of aircraft under your control at any one time: $ | | Average aircraft value: $ | | |
| Do any of your employees conduct test flights, flight checks or ferry flights in third party aircraft? | | | | Yes  No | |
| If “Yes”, how many flight hours per year: | | What are the qualifications and experience of the pilots conducting such flights? | | | |
| Please describe your loss prevention measures: | | | | | |
| Please describe risk or quality management procedures such as ISO 31000, ISO 9002 or similar procedures. | | | | | |

**Insurance & Claims History**

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| When did you first begin providing the Aviation Professional Services described in this application: | |
| Have you ever had professional liability insurance or similar insurance: | Yes  No |
| If “Yes”, who was your insurer and what were your liability limits? | |
| During the last 5 years have any professional liability claims been made against you, whether insured or not?  Yes  No If “Yes”, please provide detailed loss information, including financial details: | |
| What limit of liability do you request? | |
| NOT APPLICABLE IN MO  Has any insurer ever:   1. Declined to insure you?  Yes  No 2. Cancelled or declined to renew any of your insurance?  Yes  No 3. Imposed special terms and conditions to your detriment?  Yes  No   If “Yes” to a, b, or c, please outline details: | |

**Historical Information**

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| --- | --- |
| In the past five years:  Have any of the Applicant’s clients made allegations or complained about the performance, non-performance, or timeliness of Applicant’s products or services?  Yes  No  Have any of the Applicant’s clients refused to pay, stopped paying, or requested a refund due to dissatisfaction with the Applicant’s products or services?  Yes  No | |
| Is the Applicant aware of any fact, circumstance, situation, act, error or omission that can reasonably be expected to result in a claim against the Applicant? | Yes  No |

**Please Attach the Following:**

A. Brochures, advertisements or other descriptive literature about the Applicant, its subsidiaries, operations and services.

B. Sample reports given to clients or summary of same.

C. Copy of your most current SEC Form 10K or your most current audited financial statement.

**FRAUD STATEMENTS**

**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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**APPLICABLE IN 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**APPLICABLE IN FLORIDA and OKLAHOMA**

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 FL, a person is guilty of a felony of the third degree).

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by 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 for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance 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 commits a fraudulent insurance act.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and 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 may include imprisonment, fines or a denial of insurance benefits.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

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| **All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.**  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.** |

**THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.**

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| Name of Insurance Producer: | |
| State License Number: | License State: |
| Address: | |
| For how long have you been designated this applicant’s Broker of Record? | |