

**EXPERIMENTAL AND EMERGING TECHNOLOGY
MAUNUFACTURER APPLICATION PRODUCTS
LIABILITY INSURANCE**

NAME(S) TO BE INSURED:	
ADDRESS:	
Street: _____	City: _____
Province: _____	Postal Code: _____
TYPE OF APPLICANT (Individual, Company, Other)	
Website:	
Name of Present Insurer:	Expiry Date

Describe all Products Manufactured:	

Gross Receipts of Applicant:	Estimated Past 12 Months	Actuals Past 12 Months	Estimated Next 12 Months	Country of Destination %		
				Canada	United States	Other
General Aviation Fixed Wing						
General Aviation Helicopters						
New Technology EVTOL, etc.						
Commuter Airlines						
Major Airlines						
Military Aircraft						
Spacecraft / satellites						
Consultation/Design						
Other (Describe Below)						

Current Principal Customers and Percentage of Sales for Each:			
	Customer	Country located	Percentage
1.)			
2.)			
3.)			

Company History:	
How many years in business?	
How many years manufacturing this product?	

Certification Process / Timeline	
Is the aircraft or aircraft part certified?	Yes / No
If No Explain:	

Quality control procedures of Applicant or Applicant's external manufacturers
Describe:

The Coverages required for quotation purposes are as follows:		
	Coverages	Requested Liability Limit Each Occurrence/Aggregate:
(a)	Products or Manufacturing Coverage	\$
(b)	Professional Liability	\$

Claims History
List all claims for the past 10 years including incidents which could result in a claim: (Details)

Declaration: I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between myself and Global Aerospace. This application does not commit Global Aerospace to any liability nor make the Applicant liable for any premium unless and until Global Aerospace agrees in writing that coverage has been bound.	
Name of Broker _____	Signature of Applicant _____
Phone Number _____	Dated _____