

Professional Liability Insurance for Insurance Agents and Brokers Aviation Supplemental Application

Note: This supplemental application becomes a part of your application for coverage with Us and therefore forms a part of the Policy if coverage is bound.

1. Name of Applicant: _____

2. Are you owned in part by or do you own in part any company or individual who is engaged in an aviation-related business? Yes No If "Yes", please provide details. _____

3. Estimated premium breakdown by type:

- | | |
|--|---|
| a. Agricultural aviation _____ | n. Fixed Base Operators _____ |
| b. Aircraft brokers _____ | o. Flight schools _____ |
| c. Airlines - major & regional _____ | p. Fractional Ownership _____ |
| d. Airport property and liability _____ | q. Hangar keepers' liability _____ |
| e. Air show liability _____ | r. Heliport liabilities _____ |
| f. Air taxi operators _____ | s. Helicopters _____ |
| g. Antique aircraft _____ | t. Industrial aid aircraft _____ |
| h. Aviation Product Liability (including airframe component manufacture) _____ | u. Non-ownership liability _____ |
| i. Business aircraft _____ | v. Pleasure aircraft _____ |
| j. Cargo liability _____ | w. Property insurance (hangar/office buildings) _____ |
| k. Charter aircraft _____ | x. Sales demonstration aircraft _____ |
| l. Corporate aircraft fleets _____ | y. Worker's compensation & employer's liability _____ |
| m. Experimental aircraft _____ | z. Other _____ |

4. Please list carriers you currently place aviation-related coverage with:

NAME	PREMIUM DERIVED FROM AVATION PLACEMENTS (\$)	NUMBER OF YEARS REPRESENTED

5. Please list your four largest aviation clients:

NAME OF CLIENT	SERVICES PROVIDED / COVERAGES PLACE	GROSS PREMIUM PLACED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

6. Please attach resume(s) of key personnel highlighting aviation insurance placement experience.

Completion of this application or tendering of premium does not bind coverage. This application is subject to company underwriting guidelines.

Signature _____

Date _____

Name (Please Print): _____

Title _____