



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## AVIATION PRODUCTS MANUFACTURERS/DISTRIBUTORS SUPPLEMENTAL APPLICATION

**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:		Grounding included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's description of operations, product brochure, catalog, or marketing materials if a website is not available*
- c) *A list of all aircraft makes and models which you supply or service parts for*

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Premise Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5)

Please check all aircraft types for which you manufacture, distribute, or service products:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fixed Wing Aircraft           | <input type="checkbox"/> Rotary Wing Aircraft           | <input type="checkbox"/> Spacecraft or Launch Vehicles |
| <input type="checkbox"/> Drones                        | <input type="checkbox"/> Balloons or Blimps             | <input type="checkbox"/> Ground Support Equipment      |
| <input type="checkbox"/> Airport, Hangar, or Air Field | <input type="checkbox"/> Other (please describe): _____ |  |

6)

How long have you been in operation under this business name or any others (please provide any prior entities)? \_\_\_\_\_

- 7) What are your projected sales for the coming term? \$ \_\_\_\_\_  
 What percent of sales is of military use products? \_\_\_\_\_ %
- 8) Do you have ISO AS9100 Aerospace certification for your manufacturing (if applicable)? Yes  No
- 9) Are any new products to be introduced during the next year not shown on your website? Yes  No   
 a. If yes, please attach details.
- 10) Can your products be identified from those of your competitors? Yes  No   
 a. If Yes, how? \_\_\_\_\_
- 11) Do you warranty or guarantee, in writing, any products beyond 18 (eighteen) years from date of manufacture? Yes  No
- 12) Do you import any products or components? Yes  No
- 13) Does any manufacturer grant you AI Vendor status for products that you distribute? Yes  No   
 If Yes, is the manufacturer's policy from a domestic/ US based carrier? Yes  No
- 14) Do you have any installation, service, or repair operations? Yes  No   
 a. If Yes, please attach details.  
 b. If yes, do you travel to a client's hangar or airport/air field? Yes  No   
 c. Do all employees working on aircraft or aircraft parts have a valid FAA Aircraft Mechanic or Aircraft Repairman Certificate? Yes  No   
 d. Do all employees have Airframe rating (A), or a Powerplant rating (P), or both (A&P) on their FAA certificate as appropriate? Yes  No   
 e. Do any employees have an Inspection Authorization (IA) certificate? Yes  No
- 15) Do you have any discontinued products? Yes  No   
 If Yes, please attach a list of products and why they were discontinued.
- 16) How long are records of batch or product lot, serial numbers, or copies of guarantee/warranty cards that would facilitate tracing whereabouts of products maintained? \_\_\_\_\_
- 17) Are your operations subject to any regulatory or professional organization oversight outside of the FAA? If yes, please list: Yes  No   
 \_\_\_\_\_
- 18) Do you have any prior claims or suits, or incidents which may result in a future claim or suit? If yes please attach an explanation. Yes  No
- 19) In the event that it becomes necessary to recall a product or notify customers of an Airworthiness Directive, do you have a communication plan in place? Yes  No
- 20) Have you ever been subject to an Airworthiness Directive that resulted in a grounding? Yes  No   
 a. If Yes, please provide the FAA AD Number: \_\_\_\_\_  
 b. Date of directive and duration or grounding: \_\_\_\_\_  
 c. Product(s) involved: \_\_\_\_\_  
 \_\_\_\_\_  
 d. Have 100% of craft/parts been corrected? Yes  No
- 21) Has the alleged failure or malfunction any of your products been determined by the NTSB, BEA, or similar governmental body to the probable or contributory cause of an aviation accident or incident? If yes, please attach a copy of the report. Yes  No

- 22) Who is responsible for the following:
- |  |                              |  |   |
|--|------------------------------|--|---|
| Product inspection/certification:        | <input type="checkbox"/> You | <input type="checkbox"/> The Customer/Client | <input type="checkbox"/> The FAA/Government |
| User instruction/training:               | <input type="checkbox"/> You | <input type="checkbox"/> The Customer/Client | <input type="checkbox"/> The FAA/Government |
| Preparing Operating/Maintenance manuals: | <input type="checkbox"/> You | <input type="checkbox"/> The Customer/Client | <input type="checkbox"/> The FAA/Government |

**FIXED WING AIRCRAFT** (complete this section only if you sell or service parts for fixed wing aircraft)

- 23) What part of an aircraft are you manufacturing, distributing, or servicing parts for? Check all that apply.
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fuselage/Cabin and Cargo | <input type="checkbox"/> Empennage         | <input type="checkbox"/> Wings/Lift Control               |
| <input type="checkbox"/> Power Plant/Propulsion   | <input type="checkbox"/> Landing Gear      | <input type="checkbox"/> Cockpit/Controls and Instruments |
| <input type="checkbox"/> Systems                  | <input type="checkbox"/> Navigation Lights | <input type="checkbox"/> Pressure Information Intakes     |
| <input type="checkbox"/> Other: _____             |  |   |
- 24) If you are manufacturing, distributing, or servicing power plant parts, what engine types? Check all that apply.
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Shaft – Reciprocating/Piston | <input type="checkbox"/> Shaft - Turbine     | <input type="checkbox"/> Experimental: _____ |
| <input type="checkbox"/> Reaction - Turbojet          | <input type="checkbox"/> Reaction - Turbofan | <input type="checkbox"/> Reaction – Rocket   |
| <input type="checkbox"/> Other: _____                 |  |  |
- 25) Do you sell or service any parts or components for sea class craft? Yes  No

**ROTARY WING AIRCRAFT** (complete this section only if you sell or service parts for rotary wing aircraft)

- 26) What part of a rotorcraft are you manufacturing, distributing, or servicing parts for? Check all that apply.
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Airframe                 | <input type="checkbox"/> Flight Controls/Instruments | <input type="checkbox"/> Landing Gear                       |
| <input type="checkbox"/> Power Plant/Rotor System | <input type="checkbox"/> Empennage                   | <input type="checkbox"/> Wings/Convertible Craft Components |
| <input type="checkbox"/> Other: _____             |  |   |
- 27) Do you sell, service, or install any specialty parts to convert rotorcraft to “doors off” type operations for other than police or military use? Yes  No
- 28) Do you sell, service, or install any specialty parts to convert rotorcraft to medivac use, including any medical equipment of any kind? Yes  No
- a. If yes, do any products require registration with the FDA? Yes  No
- b. If yes to the above, have you ever been subject to an FDA investigation? Yes  No
- c. Last facility inspection date: \_\_\_\_\_

**SPACECRAFT OR LAUNCH VEHICLES** (complete this section only if sell or service parts for spacecraft)

- 29) In what sectors are your products used? Check all that apply and provide the percentage of sales:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Private - Hobbyist ___%        | <input type="checkbox"/> Private - Scientific ___%   | <input type="checkbox"/> Private - Transportation ___%      |
| <input type="checkbox"/> Governmental - Scientific ___% | <input type="checkbox"/> Governmental - Defense ___% | <input type="checkbox"/> Governmental - Transportation ___% |
- 30) Do you sell or service any parts or components used for manned spaceflight? Yes  No
- 31) Do you sell or service parts or components intended for long-term use (orbiting satellites, probes, rovers, space station, re-usable shuttles or capsules, etc.)? Yes  No
- a. If yes, are your product(s) mission critical? Yes  No

**DRONES** (complete this section only if you sell or service drones or drone parts)

- 32) In what sectors are your products used? Check all that apply and provide the percentage of sales:  
 Hobbyist \_\_\_%                       Business/Professional \_\_\_%     Military/Law Enforcement \_\_\_%
- 33) How are your devices powered? Check all that apply:  
 Fuel: \_\_\_\_\_                       Lithium Ion Battery                       Lithium Polymer Battery  
 Nickel Cadmium Battery                       Other: \_\_\_\_\_
- 34) What wing type are your drones? Check all that apply:  
 Multi-rotor                       Single Rotor                       Fixed Wing                       Hybrid
- 35) Do all applicable craft ship with information about FAA registration and mandatory flight rules (400' maximum height, no restricted airspace incursion, etc.)?                      Yes  No
- 36) What is the maximum height of your highest reaching drone? \_\_\_\_\_
- 37) What is the maximum distance of your furthest reaching drone? \_\_\_\_\_
- 38) What is the maximum empty weight of your heaviest drone? \_\_\_\_\_  
a. If weight is over .55 pounds, are craft internet enabled?                      Yes  No
- 39) What is the maximum payload capacity of your largest drone? \_\_\_\_\_  
a. If over 55 pounds total takeoff weight, are purchasers informed that they must apply for exemption under the Special Authority for Certain Unmanned Systems (49 U.S.C. §44807) or certification with the FAA to operate the craft?                      Yes  No
- 40) Do all craft have a return to base or automatic landing function if intended operational height or distance are exceeded?                      Yes  No

**BALLOONS OR BLIMPS** (complete this section only if you sell or service balloons, blimp, or balloon/blimp parts)

- 41) Are your craft intended to operate at extremely high altitude?                      Yes  No
- 42) Are your craft manned?                      Yes  No

**GSE OR AIRPORT/HANGAR** (complete this section only if you sell ground support equipment or airport goods)

*\*\*\*For all Ground Support Equipment, Airport, Hangar, and Airfield products, if you are installing or servicing on site please complete Kinsale's Aviation General Liability Supplemental Application\*\*\**

- 43) Do you sell or handle fuel?                      Yes  No
- 44) Do you sell runway excursion/end safety area materials?                      Yes  No   
a. Which type? Check all that apply:  
 Sand     Gravel     Engineered Materials Arresting System (EMAS)     Other: \_\_\_\_\_
- 45) Do you sell runway safety equipment (incursion sensors, lighting, surface movement radar, bird mitigation, etc.)?                      Yes  No
- 46) Do you sell any passenger or luggage screening devices?                      Yes  No   
a. If yes, please attach information about product testing, detection failure rate, false positive rate, and any materials included at point of sale regarding use and user training needed to operate the equipment.

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA 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 fines and confinement in prison.

**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 insurance benefits.

**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 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 NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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 a claim 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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.

**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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_