

# AIRCRAFT, PARTS AND SPARE PARTS TRADING QUESTIONNAIRE INSURANCE

(According to Article L 112-2 of the French "Code des Assurances", the insurance proposal does not commit either the insured or the insurer; only the contract or cover note establishes their mutual commitment).

## → Company Identification

Name and address of the registered office of the Company

Phone:

E mail:

Registered Number of the Company

## → General Points

Contact details of the Insurance Risk Manager:

Name of any subsidiary with an aviation activity to be named as additional insured:

Nature of activities that may fall within the scope of this insurance

- 1) Aircraft, parts and spare parts trading
- 2) Maintenance overhaul - Repair - Aircraft modifications
- 3) Aircraft Hangarage

Maximum number of employees used by the company (including temporary staff)

- of which flight crew

- including ground technicians

Name of company manager responsible for insurance matters

Name of company manager in charge of quality and safety issues

Trading activities starting date:

**Risks to be covered:**

	Limits needed		
	YES	NO	AMOUNTS
<b>1. Premises Liability (Cover A):</b> Liability Limit:			
<b>2. Hangarkeepers Liability (Cover B):</b>			
<b>3. Products Liability (Cover C)</b>			

Name of current insurer:

Contract effective date:

Claim statistics in the past 5 years:

Date of occurrence	Nature	Actual or estimated costs

**Item No. 1 /TRADING AIRCRAFT, SPARE PARTS AND COMPONENTS**

Type of aircraft and/or parts and/or equipment sold

Does the company have a role as a dealer or agent?

Number of new aircraft sold:

Number of used aircraft sold:

Is the Company linked by agreements or conventions containing waivers of recourse or transfer of responsibility? If so, please provide copy of such provisions.

Performed

Estimated

**Turnover**

New aircraft

Used aircraft

Spare parts and components (excluding work)

**Origin of parts**

Do you resell new spare parts?

Do you resell used spare parts?

Who carries out the refurbishing work?

**Part tracking**

Who performs the part Certification?

Stock rotation (number of days)

Average value of the parts stock

Maximum value of the stock

Value of the most expensive part

## Item No.2/ MAINTENANCE OVERHAUL - REPAIR - AIRCRAFT MODIFICATIONS

### Premises

1. Does applicant own or occupy any airport premises? If yes, please list airport name(s)	
2. List all buildings, hangars, ramps and all other premises to be insured	
3. Applicant occupies: All/part of premises and is Owner / Tenant / General lessee of premises	
4. List of vehicles and mobile equipment, such as aircraft tugs and fuel trucks, used on the airport premises	
5. Describe your main activities	
6. Anticipated revenue from this source of business	

### Hangarkeepers & Handling

7. Does applicant ever have non-owned aircraft in his <b>care, custody or control at his premises</b> ? If yes, please provide the following details.	
a) average value any one aircraft	
b) average total value at any time	
c) maximum value any one aircraft	
d) maximum value at any time	
e) maximum value in any one hangar	
f) maximum value outside hangars	
g) average number of aircraft in your care, custody or control	
h) please provide details of any rotor wing aircraft included in above	
i) average number of engines in your care, custody or control	
8. Do you require in-flight hangarkeepers coverage?	
9. Anticipated revenue from this source of business	
10. <b>Handling</b> - please specify details:	
11. Anticipated revenue from this source of business	

**Products Liability**

(Appropriate for Non- Manufacturing Exposures and / or Ariel Form Section 3 - small to medium companies)

10. Name of any Subsidiaries with Aviation Products		
11. Sales (USD)	Civil	Military
Past 12 months		
Fixed Wing		
Rotor Wing		
Total		
% split between Airframe and Engines/Propellers/Rotors		
Sales of Fuel (if any) and approximate gallonage per annum		
Estimates for next 12 months		
Fixed Wing		
Rotor Wing		
Total		
% split between Airframe and Engines/Propellers/Rotors		
Sales of Fuel (if any) and approximate gallonage per annum.		
12. How long has Insured been in the aviation business?		
13. Description of Insured` aviation activities (e.g. repair / maintenance station, paint spray shop, refueller, avionics specialist, engine or propeller shop)		
14. What types of aircraft does Insured usually work on?		
15. Does the Insured manufacture <b>any</b> aviation products? Please specify.		
16. Does the insured represent any manufactures of products? Please specify.		
17. Anticipated <b>revenue</b> from this source of business?		
18. Has the Insured signed any aviation contracts that include additional Insured, hold harmless, waiver of subrogation or indemnity provisions that my affect this insurance?  As far as known the Insured exposed itself, or, protected itself when signing contracts affecting this Insurance?		
19. Does the Insured do any business with customers or agents domiciled in the USA?		

20. Describe the experience and general training levels of Insured's aviation personnel.		
21. Have any claims been made against the Insured during the past 10 years? If so, what were the details and amounts involved?		
22. If previously uninsured, give details of any payments made to claimants.		
23. Does the Insured currently buy aviation products liability coverage?		
24. All aviation products liability policies contain an aggregate limit of liability. What <b>limit</b> of liability do you require?		

### **Item No.3/ AIRCRAFT HANGARAGE**

**Main type of aircraft assigned** to the insured for garaging

- Paraglider/Hang-glider
- ULM/glider
- Piston
- Turboprop < 5.7 t
- Turboprop > 5.7 t
- Jet
- Helicopter piston engine
- Helicopter turbine (s)

Annual number of aircraft assigned to the insured or of which they may have custody

Maximum value of aircraft parked or left standing simultaneously on the company premises

Maximum value of aircraft parked or left standing simultaneously in a hangar

Maximum value of the most expensive aircraft

Average length of stay of aircraft placed on the company premises

Is the Company linked by agreements or conventions containing waivers of recourse or transfer of liability?

If so, specify the standard clause with customers and/or subcontractors

Performed turnover over the last 12 months

Estimated turnover forecast for the next 12 months

**Concluded in ..... on .....**

**The Applicant**

ALL INFORMATION PROVIDED IN THIS QUESTIONNAIRE WILL BE STRICTLY CONFIDENTIAL.

THE UNDERSIGNED COMPANY DECLARES THAT ABOVE INFORMATION IS STRICTLY ACCURATE TO THE BEST OF HIS KNOWLEDGE. ANY NON DISCLOSURE OR INTENTIONALLY FALSIFIED DECLARATION, ANY OMISSION OR INACCURATE STATEMENT ENTAIL THE SANCTIONS PROVIDED BY ARTICLES L 113.8 (NULLITY OF THE CONTRACT) AND L 113.9 (REDUCTION OF THE INDEMNITIES) OF THE INSURANCE CODE. SIGNING THE PRESENT QUESTIONNAIRE SHALL IN NO WAY COMMIT THE APPLICANT TO TAKE OUT INSURANCE. NEVERTHELESS, IT IS AGREED THAT THIS DOCUMENT SHALL CONSTITUTE THE BASIS OF THE CONTRACT IF THE POLICY IS ISSUED.