

Insurance Questionnaire

« Aviation and space products Liability »

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

Please return this document completed and signed by email or by fax to +33 1 49 64 13 02.

→ Company Identification

Name and address of the registered office of the Company

Phone:

Mail:

Registered Number of the Company

Contact details of the Insurance Risk Manager:

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

Description of Aviation & Space Products manufactured or delivered and of the services supplied by the company:

Number of employees:

Aerospace activities starting date:

→ Risks to be covered:

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

→ **Turnover:**

	Over the last 12 months From ... / ... / ... to ... /... /...	Over the next 12 months From ... / ... / ... to / /
Aviation - Of which taxable* - Of which critical**		
Space - Of which taxable* - Of which critical**		

*The taxable part corresponds to products for the domestic market

**Critical Aerospace Products: intended to be mounted on, or relating to Landing Gear, Engines, Flight Controls, Guidance Systems, Hydraulic Assistance Systems.

***Critical Space Products: Batteries - Accumulators - Mechanisms - Propulsion Systems - Orbit Control System - Power Amplifier - Fluids - Fuels and Powders

→ **Production**

Description of Aviation and / or Space Products manufactured or delivered and of the Services supplied by the Company:

DEFINITION: AVIATION PRODUCT MEANS

AS A PRODUCT: A COMPLETED AIRCRAFT OR SPACE VEHICLE OR SATELLITE AND ANY ARTICLE FORMING PART THEREOF, OR SUPPLIED FOR INSTALLATION IN, OR FOR USE IN CONNECTION WITH, OR FOR SPARE PARTS FOR, AN AIRCRAFT OR SPACE VEHICLE OR SATELLITE INCLUDING GROUND HANDLING TOOLS AND EQUIPMENT

AS SERVICES: TRAINING AIDS, INSTRUCTIONS, MANUALS, BLUEPRINTS, ENGINEERING OR OTHER DATA OR ANY ARTICLE IN RESPECT OF WHICH ENGINEERING OR OTHER ADVICE AND SERVICES AND LABOUR HAVE BEEN GIVEN OR SUPPLIED BY THE INSURED IN CONNECTION WITH AN AIRCRAFT OR SPACE VEHICLE OR SATELLITE.

Please attach a presentation brochure of the company and its production

Location where is performed the activity of the company?

Is the company likely to perform operations in third party premises, e.g: client, supplier, partner...?)

Main clients' programs in which the company is involved (please specify the name of the clients):

Average unit value of production:

Description of the quality control organization (standards, training, etc.):

Names of subcontractors and their subcontracting part in production

➔ **Turnover before taxes performed for the previous 12 month period**

	AVIATION PRODUCTS			TOTAL
	NATIONAL TURNOVER	EXPORT TURNOVER EXCEPT TO USA-CANADA	EXPORT TURNOVER U.S.A/CANADA	
CIVIL SALES				
<i>Helicopters</i>				
<i>A380</i>				
MILITARY SALES				
<i>EADS</i>				
<i>A400M</i>				
<i>OTHERS</i>				
MISSILES				
GROUND EQUIPMENTS				
OTHER PRODUCTS				
CIVIL STUDIES				
MILITARY STUDIES				
REPARING AND/OR OTHER SERVICES				
TOTAL				

	SPACE PRODUCTS		
	EUROPE	U.S.A/CANADA	OTHERS
SATELLITES			
LAUNCHERS			
<i>Ariane</i>			
<i>Other launchers</i>			
GROUND EQUIPMENTS			
OTHER PRODUCTS OR SERVICES RELATED TO SPACIAL ACTIVITIES			
TOTAL			

➔ Turnover before taxes estimated for the next 12 month period

	AVIATION PRODUCTS			
	NATIONAL TURNOVER	EXPORT TURNOVER EXCEPT TO USA-CANADA	EXPORT TURNOVER	TOTAL
CIVIL SALES				
<i>Helicopters</i>				
<i>A380</i>				
MILITARY SALES				
<i>EADS</i>				
<i>A400M</i>				
<i>OTHERS</i>				
MISSILES				
GROUND EQUIPMENTS				
OTHER PRODUCTS				
CIVIL STUDIES				
MILITARY STUDIES				
REPARING AND/OR OTHER SERVICES				
TOTAL				

	SPACE PRODUCTS		
	EUROPE	U.S.A/CANADA	OTHERS
SATELLITES			
LAUNCHERS			
<i>Ariane</i>			
<i>Other launchers</i>			
GROUND EQUIPMENTS			
OTHER PRODUCTS OR SERVICES RELATED TO SPACIAL ACTIVITIES			
TOTAL			

➔ **Commercial Relationships**

Company's main Client(s)

NAMES	ESTIMATED TURNOVER	ANY LIMITS REQUIRED (by the Client (s))

Company's main supplier(s)

NAMES	ESTIMATED TURNOVER	ANY LIMITS REQUIRED (by the supplier (s))

Contractual arrangements between the insured and its customers in terms of liability, as well as between the insured and its suppliers (any waivers of recourse)

Additional information on the company's financial stability

→ **Insurance**

Name of current insurer:

Contract effective date:

Claim statistics in the past 5 years:

Date of occurrence	Nature	Actual or estimated cost

→ **Hangar keepers Liability option**

Property Damage to aircraft or aircraft equipment not owned, rented or leased by or loaned to the Insured occurring whilst in Flight or On the Ground in the care, custody or control of or whilst being serviced, handled or maintained by the Insured.

Do you receive assets, parts, tools entrusted by third parties?
If yes, please provide the following details:

Type of aviation equipment under your custody

Average value any one equipment:

Average total value at any time:

Maximum value anyone equipment:

Maximum value at any time in your premises:

Nature of your work on this equipment

What is the maximum deductible that you think you can support?

→ Premises Liability option

Bodily Injury or Property Damage occurring in or about the Insured's aviation premises as a direct result of the services granted by the Insured, caused by the fault or negligence of the Insured or by any defect in the Insured's premises, ways, works, machinery or plant used in the Insured's aviation business.

Is the company likely to perform operations in third party premises (client, supplier, partner...?)

If yes, please specify turnover in respect of those operations.

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.