



**TITAN**  
SPECIALTY  
MARKETS

## Aircraft Products & Completed Operations Application

Applicant Name:		Street Address:	
City:		State:	Zip:
Applicant is:		Individual	Partnership Corp Holding Co. Subsidiary of Other
List all owned, subsidiary, affiliated, managed or controlled companies:			
Web Address/Product Descriptions:			

Policy Coverage & Limits	
Policy Period:	From _____ at 12:01 AM to _____ at 12:01 AM
Coverages:	A: Products Liability      B: Grounding Liability
Limits of Liability:	
Coverage A:	Each occurrence and annual aggregate.
Coverage B:	Annual aggregate.
Coverage A & B combined	Annual aggregate.

General Information	
Applicant:	Owns Aircraft      Charters Aircraft
Describe Aircraft:	
Policy Expiration Date:	Applicant uses airport premises      Yes      No
If yes, please describe location and uses	
Earliest date applicant/subsidiary began business:	
Describe all aircraft products designed, manufactured, assembled, repaired, serviced or distributed by you and all firms shown/listed above:	
What part of the aircraft engine or system is your product installed or used?	
What is the function or purpose of your product?	

<b>Aircraft Product Sales (including all subsidiaries, etc)</b>			
	<b>Next Year</b>	<b>This Year</b>	<b>Last Year</b>
<b>Non-Military</b>			
<b>Fixed Wing-Piston</b>			
Airframe			
Engine			
Propeller			
<b>Fixed Wing-Turbine (General Aviation)</b>			
Airframe			
Engine			
<b>Helicopter</b>			
Airframe			
Engine			
Rotors			
<b>Commercial Airframe Engine</b>			
Airframe			
Engine			
Commercial Wide Body (Boeing 700 series, Airbus 300 Series, DC10/MD11)			
<b>UAV (Unmanned Aerial Vehicle)</b>			
<b>Commercial Spacecraft</b>			
Space Shuttle			
Describe			
<b>Balloons (Blimps)</b>			
<b>Ultra Lights (Hang Gliders)</b>			
<b>Home Built Aircraft</b>			
<b>Light Sport Aircraft</b>			
<b>Military</b>			
Missiles/RVP's			
Spacecraft			
U.S. Aircraft			
<b>Fixed Wing</b>			
Engine			
Airframe			
<b>Rotorcraft</b>			
Engine			
Airframe			
<b>Repair &amp; Servicing of Aircraft and Aviation Products</b>			
Gross Receipts			
<b>Grand Total</b>			

The applicant (et al.) is:	Original Equipment Designer/Manufacturers Modification Service	Sub-Contractors Repair Service	Distributor Other:
Have you attached copies of all aircraft products sales brochures?	Yes	No	
Describe/attach copies of ALL aircraft product warranties.	Attached		
Describe product engineering & testing controls, including names of outside firms and governmental agencies involved in maintaining quality control.			

Customer/Sales (show current principal customers and percentage of sales for each)	
Customers/Sales %	
1.	2.
3.	4.

List all products discontinued and companies sold/terminated for which coverage is required:		
Describe modifications to current products and Describe all new aircraft products for the next 12 months:		
Describe why modifications are necessary:		
List all liquid chemical aircraft products:		
Describe potential hazards of all aircraft products, Including if flammable, explosive, corrosive, poisonous or toxic in any chemical state:		
Describe/attach copies of warnings of potential hazards.	Attached	
List make & Model Spacecraft your product(s) are a part of:		
List launch vehicle(s) for each spacecraft:		
List anticipated spacecraft launch date:		
What portions of the product(s) are manufactured to customer design specifications?		
What portions of the product(s) are manufactured or assembled by outside firms?		
Product		
Firm		
Does any applicant or subsidiary thereof sell or distribute products by others?	Yes	No
Product		
Manufacturer		
Describe repair and/or service operations:		
Describe / attach copies of service contracts.	Attached	
Have you signed a contract involving your aircraft products in which you (or any firm that is owned, subsidiary, affiliated, managed, or controlled) hold harmless or indemnification to others?	Attached	

Have any aircraft products ever been subject to:				
Manufacturer's factory service bulletin or advisory?	Yes		No	
Airworthiness directive?	Yes		No	
Emergency airworthiness directive?	Yes		No	
Recall by:				
Any applicant	Yes		No	
Any other firm or,	Yes		No	
Government agency	Yes		No	
Describe any item above answered "Yes."				

List all claims for past 10 years						
Have there been any other incidents in the past 10 years which could result in a claim?					Yes	No
Date of Loss	Description of Claim	Name of Insurance Company	Policy Number	Settlement Amount	Defense Costs	Outstanding Reserves
<i>Use separate sheet to describe claims information</i>						

Attach copy of applicant's annual financial report.	Attached
Has any subsidiary, affiliated, owned or managed firm, or applicant's products Liability been self-insured or not insured in the past 10 years?	Yes No
If yes, please describe, using dates:	
Has any products liability insurance been cancelled, refused or non-renewed? <i>(Note: Missouri applicants Do Not Respond)</i>	Yes No
Name of current insurance company:	
Effective Dates of Current Policy:	From To

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

## Fraud Warnings

(last updated 1/13/2024)

**NOTICE TO APPLICANTS:** 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 CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OF BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 YORK APPLICANTS:** 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 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 FIVE THOUSAND DOLLARS 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 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 ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** 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, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.