



APPLICATION FOR AIRCRAFT PRODUCTS LIABILITY INSURANCE

Marine & Aviation Department

Direct Telephones: 03-7332628 / 29 / 30

Please complete this Form and return it to Fax No.: 03-7337991

Name and Address of Applicant

Corporation

Partnership

Other

List any subsidiary corporation to be covered (requires majority ownership)

ESTIMATED SALES - FOLLOWING 12 MONTHS

\$

ACTUAL SALES - LAST 5 YEARS

Period

_____ \$
_____ \$
_____ \$
_____ \$
_____ \$

Info center:
972-3-7332222

קשרי לקוחות: *3455
03-7332222

POLICY PERIOD

Effective Date: 12.01 A.M. _____ 19 Standard time
Expiration Date: 12.01 A.M. _____ 19 at the address
of the applicant

LIMITS OF LIABILITY

Bodily Injury/Property Damage \$ _____ Aggregate

SURVEY OF HAZARDS

(Attach supplemental schedule if space allocated is inadequate)

1a. State the nature of Work performed/Products supplied by the applicant or its subsidiaries (submit brochure or other similar material, if available).

b. State type of aircraft involved (if known).

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SURVEY OF HAZARDS Continued

10. Any other relevant information.

To the best of my knowledge and belief, the particulars detailed in this application form are correct and complete at the date of signing.

Signed: _____

Position:

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