

# 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 co	orporation to be co	vered (requires majority ownership)
ESTIMATED SALES	S - FOLLOWING	12 MONTHS
ACTUAL SALES - L. Period	AST 5 YEARS \$	
	\$	
	\$	
	\$	

Info center: 972-3-7332222

#3455 קשרי לקוחות: 3455 03-7332222



#### **POLICY PERIOD**

Effective Date: 12.01 A.M.	<u>19</u>	Standard time at the address	
Expiration Date: 12.01 A.M.	<u>19</u>		
LIMITS OF LIABILITY			
Bodily Injury/Property Damage \$		Aggregate	
SURVEY OF HAZARDS			
(Attach supplemental schedule if s	space allo	ocated is inadequate)	
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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

2.	State the experience historically in performing this type of work or supplying this type of Product.
3.	State the quality control checks that you operate.
4.	Describe what warranties are provided for the Work performed/Products
	supplied or other contractual obligations and/or indemnities applicable and submit copies if available.

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SURVEY OF HAZARDS Continued				
5.	Names of your customers to whom work is performed on behalf of or Products supplied to.			
6.	Have there been any incidents likely to generate a products liability claim. If so, give details.			
7.	Has any insurer cancelled, declined or refused to provide you aviation products liability insurance?			
9.	Name of present insurer, if any.			

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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	l: Position:	

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