



## 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**

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: \_\_\_\_\_

Position:

Info center:  
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