

**INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY  
Supplement – Aviation**

Agency Name:

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1. Indicate number of accounts and premium volume of aircraft and aviation related accounts:

<i><b>Aircraft</b></i>	<i><b>Premium Volume</b></i>	<i><b>Number of Accounts</b></i>
Personal Business & Pleasure	_____	_____
Industrial Aid	_____	_____
Commercial	_____	_____
Sea Planes	_____	_____
Aerial Applicators	_____	_____
Charter	_____	_____
Student instruction/rental	_____	_____
Air carriers – Schedule or Charter Service	_____	_____
Airline Transport	_____	_____
Helicopter	_____	_____
Commercial Operator (i.e. sky-tours, rental, etc.)	_____	_____
Emergency Medical Service	_____	_____
Student / Instructional	_____	_____
Electronic News Gathering	_____	_____
Other (specify)	_____	_____
Aviation Related Operations		
Fixed Base Operations – Full Service	_____	_____
Fixed Base Operations – Limited Service	_____	_____
Maintenance, Repair, Overhaul Facility	_____	_____
Manufacturers of Engines, Airframes or Components	_____	_____
After Market Part Suppliers	_____	_____
Other (specify)	_____	_____

2. Provide the following information for the top 3 carriers used for aviation coverages.

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

3. Does the agency accept brokered aviation business? .....  Yes  No
4. Does the agency have any binding authority for aviation related accounts? .....  Yes  No
5. Does anyone at the agency have any responsibility for adjusting hull or liability claims? .....  Yes  No
6. Is the agency a member of the Aviation Insurance Association (AIA)? .....  Yes  No

7. a. Does the agency have audited, written procedures for completion of:

Aviation coverage checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aviation submission checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aviation policy checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. Does the agency require their client's signature for:

Purpose of Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Territory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pilot Warranty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c. Are maximum coverage buy-backs requested on all aviation related CGL policies? .....  Yes  No

8. List agency staff who handle aviation accounts along with aviation experience.

Name	C.A.I.P. Designation	Yrs. of Aviation Experience	Position In Agency	Licensed Pilot?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ (Please Print) Title: \_\_\_\_\_