



Aviation Supplemental Questionnaire

Brokerage/Agency Name:

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

<u>Aircraft</u>	<u>Premium Volume</u>	<u>Number of Accounts</u>
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 brokerage/agency accept sub-brokered aviation business? Yes No
4. Does the brokerage/agency have any binding authority for aviation related accounts?..... Yes No
5. Does anyone at the brokerage/agency have any responsibility for adjusting hull or liability claims?..... Yes No
6. Is the brokerage/agency a member of the Aviation Insurance Association (AIA)?..... Yes No
7. a. Does the brokerage/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 brokerage/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 brokerage/agency staff who handle aviation accounts along with experience.

Name	C.A.I.P. Designation	Yrs. of Aviation Experience	Position In Brokerage/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: _____ Title: _____

(Please Print)