

Endorsed by The Aircraft Builders Council Board of Trustees as the carrier to offer products recall coverage for ABC insureds.

1) Company details

Name of company and all subsidiary companies to be insured under this policy:

2) Products

List of products (in general terms) produced or supplied and to which this insurance is to apply:

Description of products	Country of manufacture	Sales

3) Product exposure

Please complete the following table for your Top 3 Products or Contracts in the last 24 months:

Customer			
Ultimate OEM if known			
Annual product sales (currency)			
Daily production (units)			
Daily production (currency)			
Failure rate (%)			
Warranty period (years)			

4) Product design

What is the proportion of sales where the Insured has responsibility for design?

Design responsible (%) %

Manufactured to customer specification (%) %

5) Quality control standards

Are you accredited with any internationally recognised standards such as AS91000? Yes No

If Yes, please provide details:

What % of supplied products are tested prior to incorporation? %

What % of finished products are tested? %

Claims

6)

Have any claims been made against you or any predecessor in business in the past ten years? Yes No

If Yes, please give full details including amounts involved. Please also advise if any contracts were lost as a result:

Aviation Component Warranty insurance

Proposal form

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7) Incidents and / or product recalls

Other than any details indicated in Q6, has the proposer or any of its Divisions or Subsidiary Companies had any actual, threatened or suspected errors in manufacturing, labeling, packaging in the past 5 years?

Yes No

If Yes, please give full details including potential amounts involved. Please also advise if any contracts were lost as a result:

Other than any details indicated in Q6, is the proposer or any of its Divisions or Subsidiary Companies aware of any circumstances which could lead to a recall or give rise to a claim under this policy?

Yes No

8) Declaration

Signing this proposal does not bind the proposer to complete this insurance

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed:

Date: