



**Aviation Supplemental Questionnaire**

Brokerage/Agency Name:

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

<u><b>Aircraft</b></u>	<u><b>Premium Volume</b></u>	<u><b>Number of Accounts</b></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><b>Carrier</b></u>	<u><b>Direct Access?</b></u>	<u><b>Premium Volume</b></u>	<u><b>Years Represented</b></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)