



GENERAL INSURANCE COMPANY OF AMERICA

HOME OFFICE:
SAFECO PLAZA, SEATTLE, WASHINGTON 98185-0001

**Insurance Professionals Errors and Omissions Insurance
Supplemental Application E — Aviation**

Name Of Applicant _____

1. Do you conduct other Aviation business in addition to insurance (i.e., appraising, sales, adjusting, chartering, etc.)?

☐ No ☐ Yes (please explain) _____ Percent of Income: _____ %
_____ Percent of Income: _____ %

2. Total Annual Premium Volume breakdown by Aircraft Usage (last 12 months):

A. Private Business & Pleasure \$ _____
B. Industrial Aid to Business \$ _____
C. Commercial \$ _____
TOTAL PREMIUM VOLUME \$ _____

3. Please list the Annual Premium Volume breakdown for the following categories:

	Airport premises/products/hangar keepers	\$ _____
	Aviation manufacturers product liability premium	\$ _____
Special Use:	Student Instruction/Rental	\$ _____
	Crop Related	\$ _____
	Power/Pipeline	\$ _____
	Advertising/Banner Towing/Air Show	\$ _____
	Aerial Photography	\$ _____
	Cargo/Ferry	\$ _____
	Charter/Medevac	\$ _____
	Commuter	\$ _____
	Airline	\$ _____
	Other Aviation related premiums not reported above (explain):	\$ _____

4. Aviation Markets by **Fronting Company**: (must total at least 80% of total premium volume)

Company	Premium Volume	Insuring Group Affiliation
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

5. Do you have binding authority? ☐ No ☐ Yes *If "YES," please indicate markets and the extent of your authority.*

6. Estimated Aviation premium volume: Accepted from other agencies \$ _____
Placed through other agencies or specialty firms \$ _____

7. Estimated Aviation premium volume placed in: Non-admitted companies \$ _____
Self insurance trusts \$ _____
Group insurance trusts \$ _____
Risk retention plans \$ _____

8. Estimated Aviation premium volume percentage by territory: USA/Canada _____ %
Mexico _____ %
Other _____ %
TOTAL **100** %

9. Number of staff servicing Aviation insurance: Full time _____ Part time _____

10. Officers or employees experienced with Aviation insurance:
Name & Title: _____ Years aircraft experience: _____
Name & Title: _____ Years aircraft experience: _____
Name & Title: _____ Years aircraft experience: _____

11. Please list all Aviation training or professional courses completed: _____

I understand information submitted herein becomes a part of the Applicant's Error's & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ Date _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: ☐ Owner ☐ Executive Officer ☐ Partner ☐ Member of LLC ☐ Other _____