

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

AVIATION SURVEY SUPPLEMENT
To Insurance Agents and Brokers Errors and Omissions Application

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

Name of Applicant: _____

2. APPLICANT OPERATIONS

a. Aviation Premium Volume Written Annually: _____

b. Approximate % and number of accounts in:

	%	Accounts	% of Premium
Personal Business & Pleasure	_____	_____	_____
Industrial	_____	_____	_____
Commercial	_____	_____	_____
FBO	_____	_____	_____
Crop Dusting	_____	_____	_____
Charter	_____	_____	_____
Student instruction/rental	_____	_____	_____
Air carriers including charter	_____	_____	_____
Helicopter	_____	_____	_____
Life Flight	_____	_____	_____
Other Charter Specify	_____	_____	_____
_____	_____	_____	_____
Other (specify) _____	_____	_____	_____
TOTAL AGENCY:	_____	_____	_____

c. Type, volume and number of **non-aviation policies** related to aviation operations such as products liability for manufacturers and workers compensation.

Type	Premium	# of Accounts
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Premium volume and number of accounts that are float equipped:

Premium Volume	# of Accounts
_____	_____
_____	_____

e. Do you act as an adjustor or have any responsibility for adjusting claims? [] Yes [] No

f. (i) Licensed personnel who produce and underwrite aviation business in the agency: (Please attach experience resumes):

Name	Experience
_____	_____
_____	_____
_____	_____

(ii) Are any of the above licensed pilots? [] Yes [] No

g. Please describe agency procedure and attach forms used in **binding** aviation coverage and attach corresponding forms:

h. If the majority of your aviation business is written on a single entity or fleet, please describe that entity or fleet and its activities:

3. INSURANCE CARRIERS

a. Companies used for aviation coverages, premium volume and loss ratio:

Company	Premium Volume	Loss Ratio
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. (i) Do you represent any of the preceding companies as an agent? [] Yes [] No

(ii) Maximum limits you can bind on their behalf? Liability _____ Hull _____

(iii) Companies represented as agent: _____

c. What are the maximum limits you write? Liability _____ Hull _____

I understand information submitted herein becomes a part of my Insurance Agents & Brokers Errors and Omissions Application and is subject to the same representation and conditions.

Name of Applicant*

Title

Signature of Applicant

Date

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.