LONDON AVIATION UNDERWRITERS, INC.
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BUSINESS ENTITY QUESTIONNAIRE

MUST BE REVIEWED AND SIGNED BY AN OFFICER/PARTNER OF THE ENTITY
PLEASE FILL IN ALL SECTIONS, DO NOT LEAVE ANY BLANKS

Insured/applicant: _____

1) In which state is the insured/applicant business entity chartered? _____

2) Please supply the names of ALL the owners, officers, members, and partners of the insured/applicant, whether they are natural persons or other entities.
   - For EACH individual, show their occupation, their percentage of ownership of insured/applicant, and whether or not a pilot.
   - For EACH entity, show the type of business and percentage of ownership of insured/applicant.

Name	Occupation/Business	Percentage (%) of Ownership	Certificated Pilot (Yes/No)

3) Does the insured/applicant entity have any business purpose other than the ownership of the aircraft? If so, please give details.

   _____

4) When attached to the policy, Endorsement NAS-LAU801 allows payment to the insured/applicant entity for the use of the aircraft, but ONLY by the owners, officers, members, and partners of the insured/applicant OR a directly related business entity that they own the controlling interest in. Controlling interest means an ownership interest of 50% or more.

   Please check one:

   A) ( ) I confirm that there is no payment by any person or business entity to the insured/applicant outside of these limitations.

   B) ( ) Other persons or entities are paying for the use of the aircraft. Complete details and their relationship to the insured/applicant, and its owners, are as follows:

_____
Signature of Officer or Partner of the Entity Date

_____
Printed Name Title