

Insurance Company Providing Coverage \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_

Street Town or City State Zip

Business of Applicant \_\_\_\_\_  
Applicant is  Individual  Corporation  Partnership  Other \_\_\_\_\_

Insurance is requested from \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**AIRCRAFT**

Is aircraft operational and Airworthiness Certificate in full force and in effect?  
 Yes  No If "No" explain \_\_\_\_\_

Is the aircraft operated under a FAA Standard Airworthiness Certificate?  
 Yes  No If "No" explain \_\_\_\_\_

Has aircraft and/or engine(s) been modified?  
 Yes  No If "Yes" explain \_\_\_\_\_

Is there any unrepaired damage to the aircraft (minor or major)?  
 Yes  No If "Yes" explain \_\_\_\_\_

Make and Model	Year	FAA Cert #	Total Seats	Land (L) Sea (S) Amp (A)	Purchase Date	New/ Used	Estimated Value	Engine Hrs. SMOH	Engine Make and HP
1.									
2.									
3.									

**LIABILITY COVERAGE**

	LIMITS OF LIABILITY		LIABILITY PREMIUMS
	each person	each occurrence	
A. Bodily Injury – Excluding Passengers			
B. Property Damage	XXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury _____ cluding Passengers; And Property Damage. <input type="checkbox"/> All Bodily Injury limited to: <input type="checkbox"/> Passenger Liability limited to:	XXXX	XXXX	
E. Medical Expenses – Including Crew <input type="checkbox"/> Other Liability			

**PHYSICAL DAMAGE COVERAGE**

	Aircraft #1	Aircraft #2	Aircraft #3	PD PREMIUMS
F. Agreed Value				
G. Ground and Flight Deductible				
H. Not in Motion Deductible				

**PURPOSE OF USE:** (Check all applicable uses)

- Pleasure
- Instruction and Rental
- Patrol Flights
- Crop Dusting
- Photography
- Other uses not indicated above (explain) \_\_\_\_\_
- Business, not flown by professional pilots employed for this purpose
- Corporate – Executive, flown by professional pilots employed for this purpose
- Banner Towing
- Flying Club
- Passenger Carrying – for Hire

**APPLICANT IS:**

Sole Owner  Subject to mortgagee/conditional contract  Other (explain) \_\_\_\_\_

**LIENHOLDER INFORMATION** (if the aircraft is financed, please answer the following questions)

Lienholder: \_\_\_\_\_  
Company Name Street Address City State Zip

Amount (excl. interest and finance charge): \$ \_\_\_\_\_ Will Breach of Warranty Coverage be required?  Yes  No

**Please Complete Reverse Side**

**PILOTS:** (This information is required for each pilot who will operate the aircraft during the policy term)

Name	Age	FAA Certificate No.	Med Date	BFR Date	Cert /Rating	Logged Pilot in Command Hours						
						Total	A/C Model to be Insured	Helic	Multi Engine	Ret Gear	Tailwheel Equipped	Last 12 Months All A/C
1.												
2.												
3.												
4.												

Name & Address of pilots' employer, if other than applicant \_\_\_\_\_  
 For student pilots, name instructor and flight school \_\_\_\_\_

Do any pilot named above have any physical impairments, waivers, limitations or conditions attached to their medical certificate?

Yes  No If yes, please explain \_\_\_\_\_

Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked?

Yes  No If yes, please explain \_\_\_\_\_

Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action?

Yes  No If yes, please explain \_\_\_\_\_

Has any pilot names above ever been involved in any aircraft accident, aviation losses, claims or incidents?

Yes  No If yes, please explain \_\_\_\_\_

Has any pilot named above been convicted of/pleaded guilty to reckless driving, DUI, and/or any other felony?

Yes  No If yes, explain and provide date \_\_\_\_\_

**OPEN PILOT PROVISIONS REQUESTED** \_\_\_\_\_

**AIRCRAFT OPERATION**

Hours aircraft was flown in PAST 12 months \_\_\_\_\_ Estimated hours to be flown in the NEXT 12 months \_\_\_\_\_

Aircraft is:  Hangared  Tied-down

Aircraft Based at: \_\_\_\_\_  
Airport City State

Please check all applicable information about the airport where the aircraft is based:

Public Airport  Private Airport  Tower  Runway Lights  Paved Runways

Airport Identifier \_\_\_\_\_ Length \_\_\_\_\_ FT

Will aircraft be operated at other than paved public airports?

Yes  No If yes, where? \_\_\_\_\_ Purpose? \_\_\_\_\_ Length? \_\_\_\_\_

Will aircraft be operated outside the 48 contiguous states of the USA?

Yes  No If yes, where? \_\_\_\_\_ Purpose? \_\_\_\_\_ Frequency? \_\_\_\_\_

Will aircraft be used for student pilot instruction?

Yes  No If yes, explain \_\_\_\_\_

Are other aircraft owned by the applicant?

Yes  No If yes, list make(s) and model(s) \_\_\_\_\_

How frequently does applicant use non-owned aircraft? \_\_\_\_\_

**LOSS HISTORY & PREVIOUS AVIATION INSURANCE:**

Has applicant had any aircraft/aviation losses, claims, or incidents during the last 5 years?

Yes  No If yes, explain \_\_\_\_\_

Has any insurer cancelled, denied, sent notice of cancellation, or refused to renew any aviation insurance?

Yes  No If yes, explain \_\_\_\_\_

Name of previous aircraft insurance company \_\_\_\_\_ Expiration Date \_\_\_\_\_

All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppresses and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insuring company to investigate all or any qualifications or statements contained herein.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (All owners must sign)

This application does not commit the company to any liability nor make the applicant liable for any premium unless the company agrees to effect this insurance.