

**APPLICATION FOR
AIRCRAFT HULL & LIABILITY INSURANCE**



CHECK WHICH IS DESIRED:	<input type="checkbox"/> A QUOTATION	<input type="checkbox"/> NEW INSURANCE POLICY	<input type="checkbox"/> RENEWAL POLICY
NAME OF APPLICANT (Including D/B/A's And Holding Companies):			
ADDRESS:			
BUSINESS OR OCCUPATION OF APPLICANT:			
APPLICANT IS:	<input type="checkbox"/> INDIVIDUAL(S)	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP
		<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER
INSURANCE IS REQUESTED FROM 12:01 A.M.		to 12:01 A.M.	

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Passenger	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$	\$
<input type="checkbox"/> MEDICAL EXPENSE Crew: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$	Each Person

Physical Damage Coverage	AMOUNT OF INSURANCE DESIRED (attach explanation if other than current market value)
AIRCRAFT <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$

Aircraft: If Airworthiness Certificate is other than Standard, please explain If engine is being operated beyond TBO, please explain									
Year, Make and Model	FAA Registration Number	Seating Capacity		Land (L) Sea (S) Amph (A)	PURCHASED		Current Market Value (Incl. Extras)	No. of Hours Aircraft Flown In Last 12 Months	Est. No. of Hours Next 12 Months
		Crew	Other		New or Used	Date			
							\$		

Aircraft usually based at:	(Name of Home Airport. If Private Airport, give detailed location)
<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down	

ARE ANY FLIGHTS CONTEMPLATED OUTSIDE THE CONTINENTAL U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" where?
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PURPOSE OF USE (Check all applicable uses)

<input type="checkbox"/> Pleasure <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose)
<input type="checkbox"/> Skydiving or skydiving related activities • Powerline, pipeline or highline patrol • Aerial photography or cinematography • Any form of hunting • Animal herding • Taxi, take off or alighting on water, while the aircraft is equipped with floats • Taxi, take off or landing on snow or ice, while the aircraft is equipped with skis • Any use involving a charge intended to result in financial profit to the Insured.
<input type="checkbox"/> Other uses as indicated above (explain)

PILOTS: Complete This Section (Including Items 1-5 Below) For Every Pilot Who Will Operate An Aircraft During The Policy Term Unless A Pilot Questionnaire Is Completed By The Pilot.

NAME OF PILOT	Date of Birth	Pilot Certification and Ratings										Medical Certificate		Hours Logged As Pilot In Command					
		Stud	Sport	Part	Com ¹	ASEL	AME	Instrument	ATP	Other	Date of Last Physical	Class	All Aircraft				Model Insured		
		Total	Retract Gear	Covn. Gear	Multi-Engine	Last 12 Mos.	Total	Last 90 Days											
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Pilot No. 1					Pilot No. 2					Pilot No. 3		Pilot No. 4			Pilot No. 5		
FAA Certificate No.																			
Date of last biennial flight review:																			
Details of other proficiency training:																			

EXPLAIN CIRCUMSTANCES IF:

1. Any pilots named above have any; (a) physical impairments,
(b) waivers, limitations, conditions on their medical certificates or on their airman certificates
2. An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked
3. Any pilot above has ever been cited for violation of any aviation regulations in any country
4. Any pilot named above has ever been involved in any aircraft accident
5. Any pilot named above has ever been convicted of or plead guilty to a felony or driving while intoxicated

Applicant is: <input type="checkbox"/> Sole owner <input type="checkbox"/> Owner subject to mortgage or conditional sales contract. <input type="checkbox"/> Lessee <input type="checkbox"/> Other – explain
If aircraft is encumbered, name and address of lienholder or lessor
Amount of encumbrance (excluding interest and finance charges) \$ <input type="checkbox"/> Yes <input type="checkbox"/> No Will breach of Warranty Coverage be required by lienholder?
AOPA Number: EAA Number:
Name of last aviation insurance carrier (if none so state)
To the Applicant's knowledge has any damage been sustained to, or have any claims been made by others that have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain circumstances:
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Name of Agent or Broker:

FRAUD STATEMENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

APPLICABLE IN FLORIDA and OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed 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 insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant's Signature(s) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.