

AIRCRAFT INSURANCE APPLICATION

(Check which is desired) A QUOTATION INSURANCE

Name of Applicant

Address

Business of Applicant

Applicant is: Individual Corporation Partnership Other

Insurance is requested from 20 to 20

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" describe category

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 Reg. Num | Seating Capacity | | Land (L) Sea (S) Amp (A) | PURCHASE Date | | Price Paid By Applicant (Incl. Extras) | Present Estimated Value (Incl. Extras) | Engine Hrs. New or Last Major Overhaul | Engine Make And HP |
|----------------|------|--------------|------------------|------|--------------------------|---------------|------|--|--|--|--------------------|
| | | | Crew | Pass | | New | Used | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |

| 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. | XXXX | \$ | \$ |
| <input type="checkbox"/> All Bodily Injury Limited to: | \$ | | \$ |
| <input type="checkbox"/> Passenger Liability limited to: | | XXXXXX | \$ |
| D. Medical Expenses Including Crew | \$ | \$ | \$ |
| <input type="checkbox"/> Other Liability | \$ | \$ | \$ |

PHYSICAL DAMAGE COVERAGE

| | | | |
|--------------------------------|--------------------|---------------|----|
| F. ALL RISKS GROUND AND FLIGHT | 1. Agreed Value \$ | Deductible \$ | \$ |
| | 2. Agreed Value \$ | Deductible \$ | |
| G. ALL RISKS: NOT IN MOTION | 1. Agreed Value \$ | Deductible \$ | \$ |
| | 2. Agreed Value \$ | Deductible \$ | |

PURPOSE OF USE: (Check all applicable uses)

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

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

APPLICANT IS: Sole owner Owner subject to mortgage or conditional sales contract.
 Other - explain

If aircraft is mortgaged, name and address of mortgage

Amount of mortgage (excluding interest and finance charges) \$
 Will Breach of Warranty Coverage be required for mortgage? \$

THE PILOT FLYING THE AIRCRAFT: **This information is required for each pilot who will operate the aircraft during the policy term**

| Name | Date Of Birth m/d/y | Pilot Certificate and Ratings | | | | | | | | | | LOGGED PILOT HOURS | | | | | |
|-----------|-----------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------|--------------------------------|-------|--------------|----------|------------------------|------------------------------------|
| | | Stud | Pvt | Com'l | ATP | ASEL | SMEL | Instrument | Helicopter | Other | Total | A/C Model to be Insured | Helic | Multi Engine | Ret Gear | Tailwheel Equipped A/C | Last 12 Month in M/M to be Insured |
| 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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | | | | | | | |
| Pilot No. | FAA Pilot Certificate | No | | | | | Medical Certificate/Date of Physical/Class | | | | | Date of Biennial Flight Review | | | | | |
| 1. | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | |

Name and address of pilots' employer
 If other than the applicant
 For student pilots, name instructor and flight school giving flight instruction

- Do any pilots named above have any physical impairments, waivers, limitations or conditions attached to their medical certificate?
If so, explain
- Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked?
If so, explain
- Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action?
If so, explain
- Has any pilot named above ever been involved in any aircraft accident, aviation losses, claims or incidents?
If so, explain
- Has any pilot named above been convicted of or pleaded guilty to (a) charge of reckless driving or driving under the influence of alcohol or drugs?
(b) Felony? If so explain & provide date

OPEN PILOT PROVISIONS REQUESTED

| | | | |
|---|--|--|--|
| AIRCRAFT OPERATION | | | |
| Number of hours aircraft was flown during the PAST 12 MONTHS | | | |
| Estimated hours to fly NEXT 12 MONTHS | | | |
| Aircraft based and <input type="checkbox"/> Hangared <input type="checkbox"/> Tied-down at: | | | |
| Airport | <input type="checkbox"/> PUBLIC AIRPORT | TOWER | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| City | <input type="checkbox"/> PRIVATE AIRPORT | RUNWAY LIGHTS | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| State | Airport Identifier | Length | FT |
| | | RUNWAYS PAVED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Will aircraft be operated at other than paved public airports? NO YES
 Where? Purpose? Length

Will aircraft be operated outside the 48 contiguous states of U.S.A.? NO YES
 Where? Purpose? Frequency?

How frequently does applicant use non-owned aircraft?

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NAME OF APPLICANT _____

Will aircraft be used for student or pilot instruction? NO YES

If "Yes" explain

Are other aircraft owned by applicant? NO YES

If "Yes" list make(s) and model(s)

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE PLEASE EXPLAIN EACH "YES" ANSWER BELOW:

1. Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? NO YES

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

NO YES (Not applicable in the following states: Missouri).

3. Name of Last or Present Aircraft Insurance Company: Expiration date:

All particulars herein are true and complete to the best of my 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 this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; ID; KS; KY; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA; VT; WA; WV)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

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.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - 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 of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony

Kansas - Any person who with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.

Kentucky – 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.

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

Maine – 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.

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

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

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

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

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

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 include imprisonment, fines and denial of insurance benefits.

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

Date _____ Applicant's Signature _____

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.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer: _____ Signature: _____ Florida Residents please provide license # _____
Address: _____
City: _____
State: _____ Phone No.: _____ Fax No.: _____

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