

**COMMERCIAL AIRCRAFT INSURANCE APPLICATION**

(Check which is desired)  A QUOTATION  INSURANCE

Name of Applicant

Address

Policy Period From 20 To 20

**1. SCHEDULE OF AIRCRAFT:** (If Applicable)

A/C No.	F.A.A.* No.	Make & Model	Yr. Mfg	Engine & H.P.	Seats (Incl. Crew)	Land (L) Sea (S) Amp (A)	Amount of Insurance	Total No. Hours	Flight Operations During Last 12 Months			
									Approx. % Flown for Each Operation			
									Instruction	Rental	Charter	Other
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

\*If other than Standard indicate "R" for Restricted, "L" for Limited or "E" for Experimental.

**Deductibles:** Not In Motion In Motion Fixed Gear  
 Not In Motion In Motion Retractable Gear  
 Not In Motion In Motion Multi-Engine



NAME OF APPLICANT \_\_\_\_\_

**7. OPERATION OF NON-OWNED AIRCRAFT DURING PAST 12 MONTHS:**

- (a) Passenger seating capacity of largest non-owned aircraft
- (b) Purpose of flying non-owned aircraft
- (c) Any change contemplated for next 12 months?      YES    NO (If answer is "YES" explain)

**8. NUMBER OF YEARS IN BUSINESS UNDER CURRENT MANAGEMENT:**

**9. NAME OF MANAGER:**

**10. HAS ANY MANAGER OR PILOT NAMED ABOVE EVER BEEN CONVICTED OF OR PLEADED GUILTY TO (A) A CHARGE OF RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? (B) A FELONY?    YES    NO**

**11. LIST ALL ACCIDENTS/INCIDENTS INSURED AND UNINSURED DURING PAST 5 YEARS: (Use extra sheet if necessary)**

	DATE	AMOUNT	DESCRIPTION
(a)			
(b)			
(c)			

**12. NAME OF LAST  OR PRESENT  AIRCRAFT INSURANCE COMPANY:**

**13. HAS ANY COMPANY CANCELLED OR REFUSED TO RENEW?    YES    NO (Not applicable in the following states: Missouri).**  
If Yes, state Company and Reason:

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; 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.

**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.

**IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES**

---

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN  
INSOLVENCY UNDER THE MINNESOTA INSURANCE  
GUARANTY ASSOCIATION LAW**

---

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, **SUBJECT TO LIMITS AND EXCLUSIONS**, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association  
4640 West 77<sup>th</sup> Street, Suite 342  
Edina, Minnesota 55435  
612-831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to workers' compensation insurance. Protection by the guaranty association is subject to other substantial limitations and exclusions. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell property and casualty or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

**THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.**

**THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE."**