

**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**

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

**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.

**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.

**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.

**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.

**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: \_\_\_\_\_ Florida License # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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