



Phoenix Aviation Managers, Inc.

P.O. Box 440757
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000
Dallas, Texas 75248

AGRICULTURAL INSURANCE APPLICATION

(Check Which is Desired) A QUOTATION INSURANCE

Name of Applicant

Address

Name(s) used in any previous business

Date Insurance Effective 20 Current Insurance Company

1. AIRCRAFT TO BE INSURED Note: Unless otherwise noted, the Company will assume Aircraft Values include all systems and equipment installed in or on the aircraft

A/C No.	Make & Model	Year	F.A.A. No.	Engine	Aircraft Value	Total Sum Insured	Flying Hours Prior 12 Months	Est. Flying Hours for Next 12 Months
1								
2								
3								
4								

2. AIRCRAFT LIABILITY COVERAGE

	EACH PERSON	EACH OCCURRENCE	AGGREGATE
Bodily Injury <u>EX</u> cluding Passengers <u>EX</u> cluding Chemical	\$	\$	XXXXX
Bodily Injury <u>EX</u> cluding Passengers <u>IN</u> cluding <input type="checkbox"/> LC <input type="checkbox"/> CC	\$	\$	\$
Property Damage <u>EX</u> cluding Chemical	XXXXX	\$	XXXXX
Property Damage <u>IN</u> cluding <input type="checkbox"/> LC <input type="checkbox"/> CC	XXXXX	\$	XXXXX
Combined Single Limit Bodily Injury/Property Damage <u>EX</u> cluding Chemical	XXXXX	\$	XXXXX
Combined Single Limit Bodily Injury/Property Damage <u>IN</u> cluding <input type="checkbox"/> LC <input type="checkbox"/> CC	XXXXX	\$	\$

What percentage of total application hours during the policy period involve:

Herbicides	%	Fungicides	%
Insecticides	%	Fertilizers	%

PASSENGER LIABILITY COVERAGE	EACH PERSON	EACH OCCURRENCE	AGGREGATE
Passenger Bodily Injury <u>EX</u> cluding Chemical Liability	\$	\$	XXXXX

AIRPORT PREMISES LIABILITY COVERAGE	EACH PERSON	EACH OCCURRENCE	AGGREGATE
Premises Bodily Injury	\$	\$	XXXXX
Premises Property Damage	XXXXX	\$	\$
Combined Limit Premises Bodily Injury & Property Damage	XXXXX	\$	XXXXX

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

DESCRIPTION OF PREMISES USED BY APPLICANT:

PRIVATE

MUNICIPAL

Name and Location of Main Airport and all Supplemental Airports:

Aircraft are:

Hangared

Tied

Airport Identifier:

3. AIRCRAFT PHYSICAL DAMAGE COVERAGE

A/C No.	F.A.A. NUMBER	NOT IN MOTION DEDUCTIBLE	IN MOTION DEDUCTIBLE
1			
2			
3			
4			

4. PILOTS – Flying record of all pilots who will fly Aircraft

Name	Date of Birth	Ratings	Total Hours	Total AG Hours	Total AG Turbine	Total Make & Model Hours	Hours Flown Last 12 Months

IF ANY OF THE FOLLOWING ARE ANSWERED “YES” PLEASE PROVIDE DETAILS AND EXPLAIN ANY ANSWERS ON A SEPARATE SHEET.

Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? YES NO

Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action? YES NO

Has any pilot named above ever been involved in any aircraft accident, aviation losses, claims or incidents? YES NO

5. CLAIMS HISTORY: AIRCRAFT LIABILITY, PHYSICAL DAMAGE, AND CHEMICAL LIABILITY

IF ANY OF THE FOLLOWING ARE ANSWERED “YES” PLEASE PROVIDE DETAILS AND EXPLAIN ANY ANSWERS ON A SEPARATE SHEET.

Has the Applicant or any of the pilots named above had any citations or suspensions? YES NO

Has Applicant had any aircraft / aviation losses, claims, or incidents during the last five (5) years? YES NO

Has Applicant or any of applicant’s pilots ever paid, or had paid on their behalf any settlement for claims arising out of the Chemical Liability Hazard (chemical drift coverage) insurance? YES NO

Has any such claim been made that is still unsettled? YES NO

6. LIENHOLDER:

Name and Address of Lienholder (if any):

Is a Breach of Warranty Endorsement Required? YES NO If YES, Amount of Lien: \$

PLEASE ADVISE ANY FURTHER INFORMATION THAT MAY ASSIST IN THE RATING OF YOUR OPERATION:

Are you a Member of the National Aerial Applicators Association? YES NO

Are you a Member of a State Association? YES NO

Such as: Recurrent Training of Pilots Membership of any Industry Associates Aircraft Maintenance Schedule
 Training in the Use of Chemicals Industry or State Plant Board Seminars Attended PAASS

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All particulars herein are warranted 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; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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.

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.

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, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 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, which is a crime.

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, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

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.

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

Address

City

State

Phone No.

Fax No.

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