



Phoenix Aviation Managers, Inc.

P.O. Box 440757
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000
Dallas, Texas 75248

COMMERCIAL AIRCRAFT INSURANCE APPLICATION

(Check Which is Desired) A QUOTATION INSURANCE

Name of Applicant _____

Address _____

Street _____ Town or City _____ State _____ Zip _____
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

2. IF ANY AIRCRAFT ARE ENCUMBERED, COMPLETE THE FOLLOWING:

A/C No.	Amount of Lien	Name and Address of Lienholder

3. IF ANY AIRCRAFT ARE LEASED, COMPLETE THE FOLLOWING AS RESPECTS EACH OWNER:

A/C No.	Name of Owner	Age	Pilot Certificate		Pilot Hours						
			Certificate	Ratings	S.E. Fixed Gear	S.E. Ret. Gear	Multi-Engine	Total All Types	Total Last 12 Months	Total Last 180 Days	

4. IF ANY AIRCRAFT HAVE HAIL DAMAGE, COMPLETE THE FOLLOWING:

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment	A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment	A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

5. CHIEF PILOT EMPLOYED FULL OR PART TIME FOR (1) CHARTER AND (2) INSTRUCTION:

Name	Age	Pilot Certificate		Pilot Hours						
		Certificate	Ratings	S.E. Fixed Gear	S.E. Ret. Gear	Multi-Engine	Total All Types	Total Last 12 Months	Total Last 180 Days	
(1)										
(2)										

6. LIABILITY LIMITS DESIRED:

Bodily Injury Liability (Excluding Passengers) \$ _____ ea. Person \$ _____ ea. Occurrence
 Passenger Bodily Injury Liability \$ _____ ea. Person \$ _____ ea. Occurrence
 Property Damage Liability \$ _____ ea. Occurrence
 Or Single Limit Liability \$ _____ ea. Occurrence

Passenger Liability Limited to \$ _____ per Person
 All Bodily Injury Limited to \$ _____ per Person

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 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. _____