

G L O B A L A E R O S P A C E

APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE

(Check which is desired) A QUOTATION INSURANCE POLICY RENEWAL POLICY

NAME OF APPLICANT _____

ADDRESS _____

BUSINESS OR OCCUPATION OF APPLICANT _____

APPLICANT IS: INDIVIDUAL(S) CORPORATION PARTNERSHIP OTHER _____

INSURANCE IS REQUESTED FROM 12:01 A.M. _____ 19____ to 12:01 A.M. _____ 19____

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers: <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ _____ Each Passenger	\$ _____
<input type="checkbox"/> OTHER LIABILITY _____	\$ _____	\$ _____
<input type="checkbox"/> MEDICAL EXPENSE Crew <input type="checkbox"/> included <input type="checkbox"/> excluded	\$ _____ Each Person	

Physical Damage Coverage	AMOUNT OF INSURANCE DESIRED (attach explanation if other than current market value).	DEDUCTIBLES	
		IN MOTION	NOT IN MOTION
AIRCRAFT 1. <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____%	<input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____%
AIRCRAFT 2. <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____%	<input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____%

Aircraft: If Airworthiness Certificate is other than Standard, please explain _____

If engine is being operated beyond TBO, please explain _____

Year, Make and Model	FAA Registration Number	Seating Capacity		Land (L) Sea (S) Amph (A)	PURCHASED		Current Market Value (Incl. Extras)	No. of Hours Aircraft Flown In Last 12 Mos.	Est. No. of Hours Next 12 Mos.
		Crew	Other		New or Used	Date			
1.									
2.									

Aircraft usually based at _____ Hangared; Tied-down
(Name of Home Airport, if Private Airport, give detailed location.)

ARE ANY FLIGHTS CONTEMPLATED OUTSIDE CONTINENTAL U.S.? YES NO

IF "YES," where: _____

PURPOSES OF USE (Check all applicable uses)

- | | |
|--|---|
| <input type="checkbox"/> Pleasure or <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose)
<input type="checkbox"/> Corporate-Executive (flown by professional pilots employed for this purpose)
<input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Crop Dusting
<input type="checkbox"/> Other Uses not indicated above (explain) _____
<input type="checkbox"/> Use for which a charge is made (explain) _____ | <input type="checkbox"/> Instruction of _____
<small>(Name of Student)</small>
<input type="checkbox"/> Flying Club <input type="checkbox"/> Low Altitude Photography
<input type="checkbox"/> Air Ambulance <input type="checkbox"/> Air Hearse |
|--|---|

PILOTS: COMPLETE THIS SECTION (INCLUDING ITEMS 1-5. BELOW) FOR EVERY PILOT WHO WILL OPERATE AN AIRCRAFT DURING THE POLICY TERM UNLESS A PILOT QUESTIONNAIRE IS COMPLETED BY THE PILOT.

NAME OF PILOT	Date of Birth	Pilot Certification and Ratings								Medical Certificate		Hours Logged as Pilot in Command								
		Stud.	Pvt.	Com'l.	ASEL	AMEL	Instrument	ATP	Other	Date of Last Physical	Class	All Aircraft					In Aircraft Model To Be Insured			
												Total	Last 90 Days	Last 12 Mos.	Retract. Gear	Multi-Engine	Total	Last 90 Days	Last 12 Mos.	
1.																				
2.																				
3.																				
4.																				
		Pilot No. 1				Pilot No. 2				Pilot No. 3				Pilot No. 4						
FAA Certificate No.																				
Date of Last Biennial Flight Review:																				
Details of other proficiency training:																				
Name and address of pilot's employer if other than applicant:																				

Explain circumstances if:

- Any pilots named above have any: (a) physical impairments, _____
(b) waivers, limitations, conditions on their medical certificates or on their airman certificates _____
- An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked _____
- Any pilot named above has ever been cited for violation of any aviation regulation in any country _____
- Any pilot named above has ever been involved in any aircraft accident _____
- Any pilot named above has ever been convicted of or pleaded guilty to a felony or driving while intoxicated _____

APPLICANT is: Sole owner Owner subject to mortgage or conditional sales contract. Lessee Other - explain _____
 If aircraft is encumbered, name and address of lienholder or lessor _____

Amount of encumbrance (excluding interest and finance charges) \$ _____ Will Breach of Warranty Coverage be required by lienholder? Yes No
 Member of NBAA? Yes No Type Membership: Corporate Business Associate

Name of last aviation insurance carrier (if none so state) _____
 To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant except: _____

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots names herein in regard to any type of insurance? Yes No If so, explain circumstances: _____

All particulars herein are declared to be true and complete to the best of my/our 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 the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant's Signature(s) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Name of Agent or Broker _____

Address _____

Broker Agent

Global Aerospace insurance company in which agency license held _____