

# AIRCRAFT INSURANCE APPLICATION

**RETURN** W. BROWN & ASSOCIATES INSURANCE SERVICES    Producer: \_\_\_\_\_  
**TO: Aviation Managers for XL Specialty Insurance Co.**    Address: \_\_\_\_\_  
 3121 Bartlett Corporate Drive, Suite 102    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bartlett, TN 38133    Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Check which is desired:**     **Quotation**     **Insurance**

**APPLICANT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**BUSINESS OF APPLICANT:** \_\_\_\_\_

**APPLICANT IS** (*check one*)     Individual(s)     Corporation     Partnership     Other

**Requested Policy Term:** FROM \_\_\_\_\_, 20 \_\_\_\_ TO \_\_\_\_\_, 20 \_\_\_\_

**II. AIRCRAFT:**

Is aircraft operational and Airworthiness Certificate in full force and effect?     Yes     No

If "NO" explain \_\_\_\_\_

Is the aircraft operated under an F.A.A. Standard Airworthiness Certificate?     Yes     No

If "NO" describe category \_\_\_\_\_

Has aircraft and/or engines been modified:     Yes     No

If "YES" explain \_\_\_\_\_

Is there any unrepaired damage to the aircraft (minor or major)?:     Yes     No

If "YES" explain \_\_\_\_\_

Make & Model	Year	FAA Cert Number	Seating Capacity Crew    Pass	Land (L) Sea (S)	Purchased New/Used    Date	Price Paid By Applicant	Present Value	Engine Hrs. Since new / ovhl
1.								
2.								

**III. LIABILITY COVERAGE AND LIMITS:**

	Limits of Liability Each Person	Limits of Liability Each Occurrence	Current Liability Premiums
A. Bodily Injury-excluding Passengers	\$	\$	\$
B. Property Damage	XXXXXXXXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury and Property Damage including Passenger Liability; Passenger Liability Limited to:	XXXXXXXXXX		
E. Medical Expenses including Crew			
<input type="checkbox"/> Other Liability			

**PHYSICAL DAMAGE COVERAGE**

		Current Physical Damage Premiums
F. All risks ground and flight	1. Agreed Value \$    Deductible \$	F. \$
	2. Agreed Value \$    Deductible \$	
G. All risks ground	1. Agreed Value \$    Deductible \$	G. \$
	2. Agreed Value \$    Deductible \$	

**IV. PURPOSE 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"/> Instruction and Rental                           |
| <input type="checkbox"/> Corporate / Executive, flown by professional pilots employed for this purpose                             | <input type="checkbox"/> Flying Club <input type="checkbox"/> Photography |
| <input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Crop Dusting               | <input type="checkbox"/> Passenger Carrying - for Hire                    |
| <input type="checkbox"/> Other uses not indicated above (Explain) _____  |   |

**V. APPLICANT IS:**     Sole Owner     Owner subject to mortgage or conditional sales contract

Other – Explain \_\_\_\_\_

If aircraft is mortgaged, amount of mortgage (excl. interest and finance charges) \$ \_\_\_\_\_

Name and address of mortgagee \_\_\_\_\_

Will mortgagee require breach of warranty coverage?     Yes     No

**IMPORTANT: PLEASE READ AND COMPLETE BOTH PAGES**

**VI. THE PILOT(S) FLYING THE AIRCRAFT:** *This information is required for each pilot who will operate the aircraft in the policy term.*

Name	Date of Birth	PILOT CERTIFICATE AND RATINGS									LOGGED PILOT HOURS				
		Stu	Pvt	Com	ATP	Sel	Mel	Inst	Heli	Total	A/C Model Insured	Heli-copter	Ret. Gear	Multi-Engine	Last 12 Mo. All A/C
1.															
2.															
3.															
4.															

For student pilots, name instructor and flight school giving instruction \_\_\_\_\_

Pilot No.	FAA Pilot Certificate No.	Medical Cert - Date/Class	Date of Biannual Fit. Review	BFR Conducted By	PIC. Next 12 Mo.
1.					
2.					
3.					
4.					

Name and address of pilots' employer if other than the applicant: \_\_\_\_\_

- Does any pilot named above have any physical impairments, waivers, limitations or conditions attached to their medical certificates?  Yes  No If Yes, explain: \_\_\_\_\_
- Has an FAA or Military Pilot Certificate held by any pilot named above been suspended or revoked?  Yes  No If Yes, explain: \_\_\_\_\_
- Has any pilot named above ever been cited for any violation of Federal Air Regulations?  Yes  No If Yes, explain: \_\_\_\_\_
- Has any pilot named above ever been involved in any aircraft accident?  Yes  No If Yes, explain: \_\_\_\_\_
- Has any pilot named above ever been convicted of or pleaded guilty to (a) drunk driving? Or (b) any felony?  Yes  No If Yes, explain \_\_\_\_\_

**VII. AIRCRAFT OPERATION:**

Number of hours aircraft was flown during the Past 12 months: \_\_\_\_\_ Est. flight hours in Next 12 months: \_\_\_\_\_  
 Aircraft based and  Hangared  Tied-down at:  
 Airport: \_\_\_\_\_  Public  Private Tower  Yes  No Runways paved?  Yes  No  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Runway Lights  Yes  No Runway Length \_\_\_\_\_ Ft.  
 Will aircraft be operated other than at paved public airports?  Yes  No Outside the 48 contiguous US States?  Yes  No  
 If Yes, Where? \_\_\_\_\_ Purpose? \_\_\_\_\_ Frequency? \_\_\_\_\_  
 How frequently does applicant use non-owned aircraft? \_\_\_\_\_  
 Will aircraft be used for student or pilot instruction?  Yes  No If Yes, explain \_\_\_\_\_  
 Does applicant own other aircraft?  Yes  No If Yes, list makes / model(s) \_\_\_\_\_

**VIII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE** *Please explain each "Yes" answer below.*

- Has applicant had any aircraft/aviation losses, claims or incidents during last five years?  No  Yes \_\_\_\_\_
- Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance?  No  Yes \_\_\_\_\_
- Name of last  or present  aircraft insurance company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

All particulars herein are warranted 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 / we hereby authorize this Company to investigate all or any qualifications or statements contained herein. **FRAUD WARNING:** 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.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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.*