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# AIRCRAFT INSURANCE APPLICATION

(Check which is desired)  A QUOTATION  INSURANCE  RENEWAL

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

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BUSINESS OR OCCUPATION OF APPLICANT \_\_\_\_\_

Applicant:  INDIVIDUAL(S)  CORPORATION  PARTNERSHIP  OTHER

INSURANCE REQUESTED FROM 12:01 A.M. \_\_\_\_/\_\_\_\_/\_\_\_\_ TO 12:01 A.M. \_\_\_\_/\_\_\_\_/\_\_\_\_

Liability Coverage	LIMITS OF LIABILITY COVERAGE	
	Each Person	Each Occurrence
Bodily Injury—Excluding Passengers		
Property Damage	XXXXXXXXXX	
Passenger Liability		
Single Limit Bodily Injury and Property Damage	XXXXXXXXXX	
Passengers <input type="checkbox"/> Included <input type="checkbox"/> Excluded		XXXXXXXXXX
Medical Expense: Passengers <input type="checkbox"/> Included <input type="checkbox"/> Excluded		
Guest Voluntary Settlement: Crew <input type="checkbox"/> Included <input type="checkbox"/> Excluded		
Other Liability		

## AIRCRAFT

Year, Make and Model	FAA N-Number	Seating Capacity		Land (L) Sea (S) Amp (A)	PURCHASED		Price Paid By Applicant (Incl. Extras)	Present Value (Incl. Extras)	Engine Hours	Hours Flown on Aircraft Last 12 Months
		Crew	Pass		New or Used	Date				
1										
2										
3										

HULL COVERAGE	AMOUNT OF INSURANCE	Is aircraft operational & Airworthiness Certificate in full force and effect?
<input type="checkbox"/> ALL RISKS GROUND AND FLIGHT	\$ _____ (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" Explain
<input type="checkbox"/> ALL RISKS WHILE NOT IN MOTION	\$ _____ (2)	Is the aircraft operational under a FAA Standard Airworthiness Certificate?
<input type="checkbox"/> ALL RISKS WHILE NOT IN FLIGHT	\$ _____ (3)	<input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" Explain

Aircraft based at Airport:  Hangared  Tied-down  PUBLIC AIRPORT  PRIVATE AIRPORT

City \_\_\_\_\_ State \_\_\_\_\_ APT ID \_\_\_\_\_

TOWER  YES  NO RUNWAYS PAVED  YES  NO

RUNWAY LIGHTS  YES  NO LENGTH \_\_\_\_\_ FT

APPLICANT IS:  Sole owner of aircraft without encumbrance  Lienholder or Lessor

Sole owner under mortgage or other encumbrance Address \_\_\_\_\_

Lessee: (Identify Lessor and attach terms of lease) \_\_\_\_\_

Breach of Warranty Coverage required: \$ \_\_\_\_\_

**PURPOSE OF USE: (Check all applicable)**

- |                                                                               |                                        |                                                     |
|-------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Pleasure Business (Not flown by Professional Pilots) | <input type="checkbox"/> Instruction   | <input type="checkbox"/> Rental (Commercial)        |
| <input type="checkbox"/> Corporate / Executive (Flown by Professional Pilots) | <input type="checkbox"/> Flying Club   | <input type="checkbox"/> Aerial Photography/Mapping |
| <input type="checkbox"/> Charter / Air Taxi (Carrying Passengers for Hire)    | <input type="checkbox"/> Air Ambulance | <input type="checkbox"/> Freight                    |
| <input type="checkbox"/> Pipeline / Power Line Patrol                         | <input type="checkbox"/> Banner Towing | <input type="checkbox"/> Crop Dusting               |
| <input type="checkbox"/> List all other uses not indicated above: _____       |                                        |                                                     |

**PILOT QUALIFICATIONS**

NAME	Pilot Certifications and Ratings								Logged Pilot in Command Hours								
	AGE	STUDENT	PVT	COML	AMEL	INST	ATP	ROTOR	OTHER	TOTAL TIME	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL MULTI ENGINE	TOTAL ROTOR WING	TOTAL TURBINE	TOTAL MAKE MODEL	TOTAL IN ALL AIRCRAFT 90 / 120 DAYS
1)																	
2)																	
3)																	
4)																	

  

Pilot No.	FAA Certification No.	Medical Certificate Date / Class	Biennial Flight Review Date	Formal Flight Training Facilities	Aircraft Model	Date Attended
1						
2						
3						
4						

**MEMBERSHIPS / ORGANIZATIONS**

AOPA  EAA  ABS  CPA  BOA  Other \_\_\_\_\_ Membership No. \_\_\_\_\_

- Do any pilots named above have any: (a) Physical impairments?  YES  NO  
(b) waivers, limitations, conditions attached to their medical certificates?  YES  NO
- Has any FAA or Military Pilot Certificate held by any pilot named above ever 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 applicant, officer or partner thereof, or pilot named above ever been indicted for or been arrested for a felony, Drunk driving or reckless operation of any vehicle?  YES  NO  
If Yes, explain \_\_\_\_\_
- Has any applicant, officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs  YES  NO  
If Yes, explain \_\_\_\_\_

**LOSS HISTORY AND PREVIOUS AVIATION INSURANCE**

- Has any applicant had any aircraft / aviation loss, claim or incident during the last five years?  YES  NO  
If Yes, explain \_\_\_\_\_
- Has any insurer cancelled, declined, sent notice of cancellation or refused to renew any aviation insurance?  YES  NO  
If Yes, explain \_\_\_\_\_
- Name of  Last  Present aircraft insurance company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

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 hereby authorize this company to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_