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# AIRCRAFT INSURANCE APPLICATION

(Check which is desired) ☐ Quotation ☐ Insurance ☐ Renewal

NAME OF APPLICANT: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Applicant: ☐ INDIVIDUAL(S) ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER

Insurance Requested From 12:01a.m. _____/_____/_____ TO 12:01a.m. _____/_____/_____

| LIABILITY COVERAGE | LIMITS OF LIABILITY | |
|---|---|---|
| | Each Person | Each Occurrence |
| Bodily Injury - Excluding Passengers | | |
| Property Damage | XXXXXXXXXXX | |
| Passenger Liability | | |
| Single Limit Bodily Injury and Property Damage<br>Passengers ☐ Included ☐ Excluded | XXXXXXXXXXX | |
| | | XXXXXXXXXXX |
| Medical Expenses<br>Passengers ☐ Included ☐ Excluded | | |
| Guest Voluntary Settlement:<br>Crew: ☐ Included ☐ Excluded | | |
| Other Liability | | |

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

| HULL COVERAGE | Amount Of Insurance | |
|---|---|---|
| ☐ ALL RISKS GROUND AND FLIGHT | $ | (1) |
| ☐ ALL RISK WHILE NOT IN MOTION | $ | (2) |
| ☐ ALL RISKS WHILE NOT IN FLIGHT | $ | (3) |

Is aircraft operational & Airw orthiness Certificate in full force and effect?
☐ YES ☐ NO (If "NO" Explain)

Is the aircraft operational under a FAA Standard Airw orthiness Certificate?
☐ YES ☐ NO (If "NO" Explain)

Aircraft Based at Airport ☐ Hangered ☐ Tied-down

City: State: Apt ID:

☐ Public Airport
☐ Private Airport

Tower ☐ Yes ☐ No
Runway Lights ☐ Yes ☐ No
Runways Paved ☐ Yes ☐ No
Length: _____ ft.

Applicant is:
☐ Sole owner of aircraft without encumberance
☐ Sole owner under mortgage or other encumberance
☐ Lessee (Identify Lessor and attach terms of lease)

☐ Lienholder or Lessee: _____
Address: _____

☐ Breech of Warranty Coverage Required: $ _____

**PURPOSE OF USE: (Check All Applicable)**

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

**PILOT QUALIFICATIONS:**

| | Pilot Certifications and Ratings | | | | | | | | | Logged Pilot in Commercial Hours | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NAME | AGE | Student | PVT | COML | AMEL | INST | ATP | ROTOR | OTHER | Total Time All Aircraft | Total Tail Wheel | Total Retract Gear | Total Multi Engine | Total Rotor Wing | Total Turbine | Total Make Model To Be Insured | Total In Make & Model Past 12 Months | Total In All Aircraft Past 12 Months |
| 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.** _____

1.) Do any pilots named above have any: (a) Physical impairments? ☐ YES ☐ NO
(b) waivers, limitations, conditions attached to their medical certificates? ☐ YES ☐ NO
2.) Has any FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? ☐ YES ☐ NO
If YES, explain _____
3.) Has any pilot named above ever been cited for any violation of Federal Air Regulations? ☐ YES ☐ NO
If YES, explain _____
4.) Has any pilot named above ever been involved in any aircraft accident? ☐ YES ☐ NO
If YES, explain _____
5.) 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 _____
6.) 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**

1.) Has any applicant had any aircraft / aviation loss, claim or incident during the last five years? ☐ YES ☐ NO
If YES, explain _____
2.) Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? ☐ YES ☐ NO
If YES, explain _____
3.) 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**_____ **AGENCY**_____

**ADDRESS**_____ **CITY**_____ **STATE**_____ **ZIP CODE**_____

**TELEPHONE**_____ **EMAIL**_____ **FAX No.**_____

**PRINT**