



AIRCRAFT INSURANCE APPLICATION

Name Insured & Address:	Producer:
Business or Occupation:	Effective Date:
Phone: Business (____) _____	Business (____) _____

AIRCRAFT	FAA	Total	Engine	Engine
Year/Make/Model	Number	Seats	Hours	Horsepower

Aircraft usually based and Hangared Tied Down at (City & State): _____
 Airport ID: _____ Airport: _____
 Private Airport Public Airport Paved Runways? Yes No. Longest Runway: _____

COVERAGES AND LIMITS		
LIABILITY COVERAGES	LIMITS	PREMIUMS
D Single Limit of Bodily Injury & Property Damage, _____cluding passengers	\$ _____ Each Occurrence	\$ _____
DL Single Limit Bodily Injury and Property Damage Liability including limited Passenger Bodily Injury Liability	\$ _____ Each Occurrence limited to: \$ _____ Each Passenger	\$ _____
E Medical Payments, _____cluding crew	\$ _____ Each Person \$ _____ Each Occurrence	\$ _____
PHYSICAL DAMAGE COVERAGE		
F While Not in Motion	\$ _____	\$ _____
G While in Motion	\$ _____	\$ _____
Other Coverages		
TOTAL ANNUAL PREMIUM		\$ _____

PURPOSE OF USE
<input type="checkbox"/> Pleasure and Business <input type="checkbox"/> Charter/Air Taxi <input type="checkbox"/> Flying club <input type="checkbox"/> Instruction and/or rental <input type="checkbox"/> Commercial <input type="checkbox"/> Special Uses. Defined as: _____

OWNERSHIP INFORMATION
Applicant is Sole Owner without liens except as indicated: <input type="checkbox"/> Owner subject to lien with <input type="checkbox"/> Lienholders Interest or <input type="checkbox"/> Loss Payee. <input type="checkbox"/> Lessee or <input type="checkbox"/> Lessor (if a lease agreement exists, attach copy.) <input type="checkbox"/> Other – explain on reverse or separate sheet
Name and Address _____ Present Amount \$ _____ of Lienholder _____

PILOT INFORMATION		Certificates & Ratings					Total Logged Pilot Hours					Date of Last				
Name	AGE	S T U	R E C R	S P O R T	P V T	C O M L	Ratings	Total	Last 90 Days	RG	ME	TW	MM	MED Date	BFR Date	

Open Pilot Provisions: _____
 Special Pilot Requirements: _____

- To complete application, refer to aircraft and engine logbooks, and pilot logbooks and other official records.
- If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.
- Please use Section 3 to explain any "Yes" answers to the questions below.
- If applying for insurance on multiple aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

SECTION 1. APPLICANT SECTION

Applicant is Individual Corporation Co-Ownership
 (Name all partners) _____
 Name of Last or Present Aviation Insurance Company _____
 Expiration Date _____ or None

SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION

- | | |
|---|--|
| A. Does the aircraft have other than a standard airworthiness certificate in full effect? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Are there any other aircraft owned by the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Has aircraft been equipped with any modifications not provided by manufacturer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Do you anticipate aircraft to be operated outside the continental United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Will aircraft be normally operated from other than paved public airports? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section on reverse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Will other than the applicant and pilots listed in Pilots on reverse have use of aircraft? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Will aircraft be used for any purpose(s) for which a charge is made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Is there any unrepaired damage to aircraft? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Has Applicant had any aircraft/aviation losses or claims? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Do any pilots named on reverse have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses) limitations or conditions attached to their medical certificate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Has any pilot named above had any convictions, suspensions, or revocations for, FAR violations, use or possession of drugs, or reckless or drunk driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Has any pilot named above ever been involved in any accident or incident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Has Applicant or any pilot named above ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3. REMARKS

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above)

PLEASE READ & INITIAL

MINIMUM PILOT REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings and pilot experience indicated, and who, is/are properly qualified to the flight involved. **INITIAL** _____

USE REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document. **INITIAL** _____

AIRWORTHINESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect. **INITIAL** _____

I/We certify all statements or representations contained on both sides of this application are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representative, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(Applicable in NY)

I/We Authorize _____ to represent me/us in placing this insurance.

Date _____ Applicant's Signature _____

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied.)

APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: 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.

APPLICABLE IN OREGON

In Oregon, 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 related to acceptance of the risk or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud. Misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.