

# U.S. Specialty Insurance Company

7950 Legacy Drive, Suite 600, Plano, Texas 75024  
main 469-633-7400 facsimile 469-633-7470

## 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 <input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down at (City & State): _____				
Airport ID: _____ Airport: _____				
Private Airport <input type="checkbox"/> Public Airport <input type="checkbox"/> Paved Runways? <input type="checkbox"/> Yes <input type="checkbox"/> No. Longest Runway: _____				

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	\$		limited to:		
	\$		Each Passenger		\$
E Medical Payments, _____cluding crew	\$		Each Person		
	\$		Each Occurrence		\$
PHYSICAL DAMAGE COVERAGE			AGREED VALUE	DEDUCTIBLE	
F While Not in Motion	\$		\$		\$
G While in Motion	\$		\$		\$
Other Coverages					
<b>TOTAL ANNUAL PREMIUM</b>					<b>\$</b>

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 _____	of Lienholder _____	Present Amount \$ _____

PILOT INFORMATION		Certificates & Ratings						Total Logged Pilot Hours				Date of Last			
Name	A G E	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?  Yes  No
- B. Are there any other aircraft owned by the applicant?  Yes  No
- C. Has aircraft been equipped with any modifications not provided by manufacturer?  Yes  No
- D. Do you anticipate aircraft to be operated outside the continental United States?  Yes  No
- E. Will aircraft be normally operated from other than paved public airports?  Yes  No
- F. Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section on reverse?  Yes  No
- G. Will other than the applicant and pilots listed in Pilots on reverse have use of aircraft?  Yes  No
- H. Will aircraft be used for any purpose(s) for which a charge is made?  Yes  No
- I. Is there any unrepaired damage to aircraft?  Yes  No
- J. Has Applicant had any aircraft/aviation losses or claims?  Yes  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?  Yes  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?  Yes  No
- M. Has any pilot named above ever been involved in any accident or incident?  Yes  No
- N. Has Applicant or any pilot named above ever been convicted of a felony?  Yes  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 \_\_\_\_\_

## FRAUD WARNINGS AND SIGNATURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

### APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### APPLICABLE IN MAINE

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

### APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNINGS AND SIGNATURE**

**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 NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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**

Material 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 TENNESSEE, VIRGINIA AND 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 or denial of insurance benefits.

**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.

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.

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

**NOTICE TO NEW YORK APPLICANTS:**

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.

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