

AIRCRAFT INSURANCE APPLICATION

Name of Applicant _____

Address _____
 Street City State Zip

Business of Applicant _____

Applicant is: Individual Holding Company Corporation Partnership Other _____

Insurance is requested from _____ 20 ____ to _____ 20 ____

AIRCRAFT:

Is aircraft operational and Airworthiness Certificate in full force and in effect? Yes No If "No" explain: _____

Is the aircraft operated under a FAA Standard Airworthiness Certificate? Yes No If "No" explain: _____

Has aircraft and /or engine(s) been modified? No Yes If "Yes" explain _____

Is there any unrepaired damage to the aircraft (minor or major)? No Yes If "Yes" explain _____

Make And Model	Year	FAA N#	Seating Capacity		Purchase Date (Month / Year)	Estimated Present Hull or Market Value	Approximate Engine Hours Since New or SMOH
			Crew	Pass			
1.						\$	
2.						\$	

AIRCRAFT LIABILITY COVERAGE	LIMITS OF LIABILITY	
	EACH PASSENGER	EACH OCCURRENCE
<input type="checkbox"/> AIRCRAFT LIABILITY – SMOOTH CSL LIMIT INCLUDING PASSENGERS	N / A	\$
<input type="checkbox"/> AIRCRAFT LIABILITY INCLUDING PASSENGER SUB-LIMIT	\$100,000	\$1,000,000
<input type="checkbox"/> OTHER LIABILITY		

PHYSICAL DAMAGE COVERAGE	FAA AIRCRAFT REGISTRATION	AGREED HULL VALUE
<input type="checkbox"/> ALL RISKS HULL - GROUND AND FULL FLIGHT COVERAGE	N-	\$
<input type="checkbox"/> ALL RISKS HULL - GROUND AND FULL FLIGHT COVERAGE	N-	\$
<input type="checkbox"/> HULL COVERAGE – OTHER	N-	\$

PURPOSE OF USE: (Check all applicable uses)

- Pleasure & Business: Owner-flown (Aircraft not flown by a professional pilot employed for this purpose)
- Part 91 – Corporate / Executive Use (Aircraft flown by professional pilot(s) employed for this purpose)
- Part 135 – Passenger Carrying For Hire
- Instruction and Rental
- Other Please Explain: _____

APPLICANT IS: Owner Lessee Other- Please Explain: _____

Please list Bank or Lienholder information if aircraft is mortgaged or encumbered: _____

Approximate Loan Balance / Amount of mortgage: \$ _____

THE PILOT FLYING THE AIRCRAFT: This information is required for each pilot who will operate the aircraft during the policy term

NAMED PILOTS	CERTIFICATES & RATINGS										LOGGED PILOT HOURS				
	Date Of Birth m/d/y	Student	Private	Commercial	ATP	IFR	AMEL	CFI	Other	Total Time All Aircraft	Total Time in Aircraft Make/Model to be Insured	Total Time in Multi-Engine Aircraft	Total Time in Retractable-Gear Aircraft	Total Time in Turbine or Jet Aircraft	Total Time All Aircraft Last 12 Months
1.															
2.															
3.															
4.															

PILOT TRAINING SECTION

Pilot Name	Has this pilot successfully completed a Formal Training Course for this aircraft being insured?	Simulator Based?	Training Facility (Name, City/State)	Month /Year
	<input type="checkbox"/> Yes – Initial Training Course <input type="checkbox"/> Yes – Recurrent Training Course <input type="checkbox"/> No	<input type="checkbox"/> Yes – Full Motion Axis <input type="checkbox"/> Yes – No Motion <input type="checkbox"/> No		
	<input type="checkbox"/> Yes – Initial Training Course <input type="checkbox"/> Yes – Recurrent Training Course <input type="checkbox"/> No	<input type="checkbox"/> Yes – Full Motion Axis <input type="checkbox"/> Yes – No Motion <input type="checkbox"/> No		
	<input type="checkbox"/> Yes – Initial Training Course <input type="checkbox"/> Yes – Recurrent Training Course <input type="checkbox"/> No	<input type="checkbox"/> Yes – Full Motion Axis <input type="checkbox"/> Yes – No Motion <input type="checkbox"/> No		
	<input type="checkbox"/> Yes – Initial Training Course <input type="checkbox"/> Yes – Recurrent Training Course <input type="checkbox"/> No	<input type="checkbox"/> Yes – Full Motion Axis <input type="checkbox"/> Yes – No Motion <input type="checkbox"/> No		

PILOT QUESTIONS

- Do any pilots named above have any physical impairments, waivers, limitations or conditions attached to their medical certificate? No Yes
- Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? No Yes
- Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action? No Yes
- Has any pilot named above ever been involved in any aircraft accident, aviation losses, claims or incidents? No Yes
- Has any pilot named above been convicted of or pleaded guilty to reckless driving or driving under the influence of alcohol or drugs? No Yes

PLEASE EXPLAIN ANY 'YES' ANSWERS: _____

AIRCRAFT OPERATION

Number of hours aircraft was flown during the PAST 12 MONTHS _____ Estimated hours to fly NEXT 12 MONTHS _____

Aircraft Hangared Tied-down

Airport	<input type="checkbox"/> PUBLIC AIRPORT TOWER <input type="checkbox"/> YES <input type="checkbox"/> PRIVATE AIRPORT <input type="checkbox"/> NO	RUNWAYS PAVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
City	State _____ Airport Identifier _____	

Will aircraft be operated at other than paved public airports? NO YES Where? _____
 Will aircraft be operated outside the 48 contiguous states of U.S.A.? NO YES Where? _____
 How frequently does applicant use non-owned aircraft? _____
 Will aircraft be used for student or pilot instruction? NO YES If "Yes" explain _____

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE PLEASE EXPLAIN EACH "YES" ANSWER BELOW:

- Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? YES NO _____
- Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? YES NO
- Name of Last or Present Aircraft Insurance Company: _____ Expiration date: _____

Signature: _____ Date: _____