



Aircraft Insurance Application

1. GENERAL INFORMATION

Check all that apply below

Applicant's Name:			
Address:			
City:			
State:		Zip:	
Phone:	Home:	Work:	
Applicant's Business Is:			
Current Insurance Carrier:			
Current Coverage Expires:			

<input type="checkbox"/> Applicant is an Individual
<input type="checkbox"/> Applicant is a Incorporation
<input type="checkbox"/> Applicant is a Limited Liability Company
<input type="checkbox"/> Applicant is Other* (explain below)
<input type="checkbox"/> Aircraft will be operated under FAR Part 135
<input type="checkbox"/> Aircraft will be managed by other party (not Applicant)
<input type="checkbox"/> No Accidents/Incidents or Claims in last 5-years
<input type="checkbox"/> Insurance has never been Canceled or Non-Renewed

List Principal Owner(s) / Partner(s): _____

2. AIRCRAFT INFORMATION:

FAA "N" No:	Year	Make & Model	Seats Crew / Passengers	Insured Value	Liability Limit
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$

3. AIRCRAFT USE INFORMATION:

- a. Aircraft are based at the following airport(s): _____
- b. Aircraft are hangared or tied outside: _____
- c. Annual hours each aircraft is operated with a single pilot crew: _____
- d. Average number of passengers per flight: _____
- e. Non-Owned aircraft types utilized by the Applicant: _____
- f. Non-Owned aircraft annual number of flights: _____
- g. From whom are Non-Owned aircraft rented, borrowed, chartered: _____
- h. Purpose for use of Non-Owned aircraft: _____

List names and addresses of loss payees and lienholders or any additional insureds (i.e. airport, city, hangar owner):

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3. AIRCRAFT USE INFORMATION (Continued):

FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	

4. NAMED PILOTS (Attach a Pilot Record Form for each pilot):

Pilot Name

Pilot Name

5. ADDITIONAL INFORMATION:

- a. Name of Charter or Management company (if applicable) _____
 Charter Certificate No.: _____ Years in Business: _____ Base of Operations: _____
- b. Aircraft Maintenance provided by: _____
- c. Will insured aircraft be used on other than paved runways? Yes No
- d. Will insured aircraft be used outside the continental United States? Yes No
- e. Does Applicant own or exclusively lease any other aircraft? Yes No
- f. Will anyone other than named pilots operate the insured aircraft? Yes No
- g. Does Applicant employ their own maintenance personnel? Yes No
- h. Does Applicant have any Non-Owned Aircraft exposure? Yes No
- i. Has Applicant ever had insurance denied or cancelled? Yes No
- j. Has Applicant or Named Pilot ever had any incidents, accidents, or violations? Yes No
- k. Has Applicant or Named Pilot ever had any felony convictions or license suspensions? Yes No
- l. Will insured aircraft be used for anything other than transporting passengers? Yes No

*** Explain ALL YES answers on lines provided above. Attach a separate sheet if necessary.**

6. 5 Year LOSS HISTORY (Attach Loss Runs if Available): _____

Authorized Signature: _____

Date: _____

I understand that by signing above, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company; this application does not bind the applicant or the company to provide any insurance; 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, 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.

ADDITIONAL AIRCRAFT INFORMATION:

FAA "N" No:	Year	Make & Model	Seats Crew / Passengers	Insured Value	Liability Limit
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$

AIRCRAFT USE INFORMATION (Continued):

FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	