

Aircraft Insurance Application

Please complete all information and sign and date at bottom. Please attach a separate sheet to complete information, if necessary. This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

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

Check all that apply below:

- Applicant is an Individual
 Applicant is a Corporation
 Applicant is a Partnership* (explain below)
 Applicant is Other* (explain below)
 Aircraft will be operated under FAR Part 135
 Aircraft will be managed by other party (not Applicant)

* Please provide the name of each partner if a Partnership or explain the entity if "Other" box checked above.

2. AIRCRAFT INFORMATION

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

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

List names and addresses of loss payees and lien holders:

3. PURPOSE OF USE

FAA "N" No: _____ P & B Industrial Aid Charter / Air Taxi Other: _____ Est. Annual Hrs: _____
 FAA "N" No: _____ P & B Industrial Aid Charter / Air Taxi Other: _____ Est. Annual Hrs: _____
 FAA "N" No: _____ P & B Industrial Aid Charter / Air Taxi Other: _____ Est. Annual Hrs: _____
 FAA "N" No: _____ P & B Industrial Aid Charter / Air Taxi Other: _____ Est. Annual Hrs: _____
 FAA "N" No: _____ P & B Industrial Aid Charter / Air Taxi Other: _____ Est. Annual Hrs: _____

Use Key: **P & B:** Pleasure & Business use of the aircraft operated by non occupational pilots, and excluding any charge.
Industrial Aid: Corporate use of the aircraft by professional pilots, and excluding any charge.
Charter / Air Taxi: Passenger or Freight carrying operations for which a charge is made.

4. NAMED PILOTS (attach a Pilot Record Form for each pilot, Form No. 001)

Pilot Name(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Pilots are: Employees of the Applicant Contract Pilots Other: _____
 Pilot(s) complete: Annual Factory sim-based training in insured make & model aircraft. (please detail fully on pilot record form)

5. ADDITIONAL INFORMATION

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

Explain all YES answers (attach separate sheet, if necessary): _____

6. 5-YEAR LOSS HISTORY (attach loss runs if available)

FRAUD WARNINGS

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.

I understand that by signing below, 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.

Applicant: _____ Title: _____
 Applicant's Signature: _____ Date: _____

Producer: _____
 State / License No.: _____ / _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

