LADD GARDNER
AVIATION INSURANCE
A Division of Patriot Growth Insurance Services, LLC

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Piston 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: _____

Telephone: _____ Email: _____

Current Insurance Carrier: _____ Current Coverage Expires: _____

Check all that apply below:

☐ Applicant is an Individual ☐ Applicant is a Corporation ☐ Applicant is an LLC ☐ Applicant is a Partnership

2. AIRCRAFT INFORMATION

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

Aircraft is based at the following airport(s): _____ Aircraft hangared or tied outside? _____

3. PURPOSE OF USE

FAA "N" No: _____ ☐ P & B ☐ Air Shows ☐ Dual Instruction (to others) ☐ Rental ☐ Other: _____

Use Key: **P & B:** Pleasure & Business use of the aircraft operated by non occupational pilots, and excluding any charge.

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

Pilot Name(s):

5. ADDITIONAL INFORMATION

a.	Has Applicant or Named Pilot(s) ever had any incidents, accidents, or violations?	☐ Yes	☐ No
b.	Has Applicant or Named Pilot(s) ever had any felony convictions or license suspensions?	☐ Yes	☐ No
c.	Does the aircraft have other than a standard airworthiness certificate in full effect?	☐ Yes	☐ No
d.	Has Aircraft been equipped with any other modifications not provided by manufacturer?	☐ Yes	☐ No
e.	Do you anticipate aircraft to be operated outside the continental United States?	☐ Yes	☐ No
f.	Will aircraft be normally operated from other than paved public airports?	☐ Yes	☐ No
g.	Will aircraft be used for any purpose(s) for which a charge is made?	☐ Yes	☐ No
h.	Is there any un-repaired damage to aircraft?	☐ Yes	☐ No
i.	Has applicant had any aircraft/aviation losses/claims during the last three years?	☐ Yes	☐ No
j.	Has any insurer cancelled, declined or refused to renew any aviation insurance for applicant?	☐ Yes	☐ No

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

6. 5-YEAR LOSS HISTORY

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: _____

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