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

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LGAINSURANCE.COM

Turbine 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: Cell: _____

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 an LLC ☐ 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. Is there any non-owned aircraft exposure? _____

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: _____

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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.

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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 Manufacturer's approved training in the insured make and model aircraft

5. ADDITIONAL INFORMATION

a. Name of Charter or Management company (if applicable): _____

b. Aircraft Maintenance provided by: _____

c. Does Applicant employ their maintenance personnel?	☐ Yes	☐ No
d. Is this aircraft used for any leasing activity, including dry leases? If so, how many leases? _____	☐ Yes	☐ No
e. Does Applicant own or exclusively lease any other aircraft?	☐ Yes	☐ No
f. Does Applicant have any Non-Owned Aircraft exposure?	☐ Yes	☐ No
g. Will anyone other than named pilots operate the insured aircraft?	☐ Yes	☐ No
h. Will insured aircraft be used outside the continental United States?	☐ Yes	☐ No
i. Will insured aircraft be used for anything other than transporting passengers?	☐ Yes	☐ No
j. Has Applicant or Named Pilot(s) ever had any incidents, accidents, or violations?	☐ Yes	☐ No
k. Has Applicant or Named Pilot(s) ever had any felony convictions or license suspensions?	☐ Yes	☐ No
l. 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: _____

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