

AIRCRAFT INSURANCE APPLICATION

1. Name of Applicant:	
2. Mailing Address:	
3. Effective Dates:	From: To: Both at 12:01 AM standard time at the address above
4. Business of Applicant::	
5. Former Business Names:	
6. Applicant is :	<input type="checkbox"/> Individual (s) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Holding Company <input type="checkbox"/> Government <input type="checkbox"/> Other (Describe)
And is owned, controlled or a subsidiary of :	
7. Is applicant incorporated solely for ownership of the aircraft?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. LIABILITY COVERAGE	Limits of Liability Requested		Premium
	Each Person	Each Occurrence	
<input type="checkbox"/> Bodily Injury Excluding Passengers	\$	\$	\$
<input type="checkbox"/> Property Damage Liability		\$	\$
<input type="checkbox"/> Passenger Bodily Injury Liability	\$	\$	\$
<input type="checkbox"/> Single limit _____cluding Passengers		\$	\$
<input type="checkbox"/> With Passenger Liability Limited to:	\$		\$
<input type="checkbox"/> Medical Payments: Crew is: <input type="checkbox"/> incl <input type="checkbox"/> excl	\$	\$	\$
<input type="checkbox"/> Other Liability - Specify:	\$	\$	\$

9. CHEMICAL LIABILITY COVERAGE	Limits of Liability Requested			
	Each Person	Each Occurrence	Aggregate Limit	Premium
<i>Aerial Application Only</i>				
Bodily Injury Liability Excluding Passengers	\$	\$	\$	\$
Property Damage Liability	Not Applicable	\$	\$	\$
Single Limit Property Damage & Bodily Injury Excluding Passengers	Not Applicable	\$	\$	\$

10. PHYSICAL DAMAGE COVERAGE	Amount of Insurance (must be equal to current market value)	Deductibles	Premium
<input type="checkbox"/> All Risk: Ground and Flight	\$	IN MOTION INGESTION MOORED <input type="checkbox"/> \$1000. <input type="checkbox"/> \$500. <input type="checkbox"/> \$250. <input type="checkbox"/> \$ NOT IN MOTION <input type="checkbox"/> \$	\$
<input type="checkbox"/> All Risk: Not in Flight	\$		\$
<input type="checkbox"/> All Risk: Not in Motion	\$		\$
11. TOTAL POLICY PREMIUM			\$

12. AIRCRAFT

If Airworthiness Certificate is other than Standard or Normal, please indicate category:

Describe any STC's modifications or unrepaired damage:

Make & Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib (A) Rotorwing (R)	PURCHASED		Price Paid (inc. Extras)	Present Est Value (inc. Extras)	Engine Hours since new or last overhaul	Engine Make and HP
			Crew	Passenger		New or Used	Date				

13. Aircraft usually based at:
(Include home airport, details of runway length, construction and all obstructions)

14. Is aircraft: Hangared Tied-Out

15. Does applicant hangar, service, repair or crew other aircraft? Yes No
If yes, describe:

16. Are any unapproved airports or unpaved runways used? Yes No
If yes, describe:

17. Is any aircraft registered under other names than Applicant's name above? Yes No
If yes, describe:

18. Describe all navigation outside the USA and Canada:	
19. List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet:	<input type="checkbox"/> List attached
20. Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
21. Applicant is:	<input type="checkbox"/> Sole Owner of the aircraft <input type="checkbox"/> Owner subject to mortgage or conditional sales contract <input type="checkbox"/> Other – please explain:
22. If aircraft is mortgaged, name and address of mortgagee and amount of mortgage:	Name: Address: City / State / Zip: Amount of Mortgage: \$ <input type="checkbox"/> N/A – not mortgaged
23. Will Breach of Warranty Coverage be required by mortgagee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – not mortgaged If yes, describe:
24. Are any other aircraft owned by, rented or used by or on behalf of applicant:	Model aircraft: Uses: No. hours per year: <input type="checkbox"/> N/A

25. PILOT NAMES

All pilots who will regularly operate the insured aircraft must complete a "PILOT QUALIFICATIONS" form

Name:

Name:

Name:

26. PURPOSE OF USE (check all applicable uses)

- | | |
|--|--|
| <input type="checkbox"/> Pleasure (not flown by prof pilots employed for this purpose) | <input type="checkbox"/> Air Ambulance (Charter / Air Taxi) |
| <input type="checkbox"/> Business | <input type="checkbox"/> Banner Towing |
| <input type="checkbox"/> Corporate (Exec) | <input type="checkbox"/> Flying Club |
| <input type="checkbox"/> Passenger carrying for hire | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Pipeline / Powerline patrol | <input type="checkbox"/> Freight Carrying (Charter / Air Taxi) |
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Aerial Application (See below) |
| | <input type="checkbox"/> Rental (commercial) |

List all other uses not indicated above and explain:

AERIAL APPLICATION ONLY - (Please fill out this section if you have checked "Aerial Application" under the PURPOSE OF USE section above)

27. List all states where you conduct aerial application:		
28. Describe applicants violation of any law or regulation governing aerial application operations:		
29. Describe any owned / operated ground spraying equipment and type of use:		
30. Show the percentage each represents to the total:		
Application of	Glyphosate	%
	Piclorams	%
	Hormone Herbicides	%
	Insecticides	%
	Other	%
Application to	Orchards / Groves	%
	Vineyards	%
	Forest / Tree Farms	%
	Exotic Fruits / Vegetables	%
	Other	%
31. Name of last Aircraft insurance carrier and expiration date:		
32. Describe all incidents, accidents, claims with dates and amounts paid, which occurred in the last five years:		
33. Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:

NOTICE TO NEW YORK APPLICANTS: :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 T C CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO KENTUCKY APPLICANTS: " ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO PENNSYLVANIA APPLICANTS: "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 OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO FLORIDA APPLICANTS: " ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION RO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD T A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIMS FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. AND NO INSURER HAS CANCELED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT 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.

Print Applicant Name:

Date:

Applicant Signature:
