



Aircraft Insurance Application

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

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

Check all that apply below

<input type="checkbox"/> Applicant is an Individual
<input type="checkbox"/> Applicant is a Corporation
<input type="checkbox"/> Applicant is a Partnership* (explain below)
<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

*Use this space provided to name each partner or the entity that best describes the applicant (which ever applies), _____

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 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: _____

3. AIRCRAFT USE INFORMATION:

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:	
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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:	

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):

Table with 3 columns: Pilot Name, Age, Class Med. 3 empty rows.

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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. Will insured aircraft be used on other than paved runways? [] Yes [] No
e. Will insured aircraft be used outside the continental United States? [] Yes [] No
f. Does Applicant own or exclusively lease any other aircraft? [] Yes [] No
g. Will anyone other than named pilots operate the insured aircraft? [] Yes [] No
h. Does Applicant employ their own maintenance personnel? [] Yes [] No
i. Does Applicant have any Non-Owned Aircraft exposure? [] Yes [] No
j. Has Applicant ever had insurance denied or cancelled? [] Yes [] No
k. Has Applicant or Named Pilot ever had any incidents, accidents, or violations? [] Yes [] No
l. Has Applicant or Named Pilot ever had any felony convictions or license suspensions? [] Yes [] No
m. Will insured aircraft be used for anything other than transporting passengers? [] Yes [] No

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

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

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.

Authorized Signature: _____

Date: _____



NOTICE TO APPLICANTS

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 to a 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 conceals for the purpose of misleading, information concerning any fact material thereto, commits a 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 to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, 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 to 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 ARKANSAS AND 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 fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 S.S. 3613.1)