



## Aircraft Renewal Questionnaire

Please fill in all blanks, check all applicable boxes, and sign and date at bottom.

Insured's Name:  Address:  City:  State:  Current Coverage Expires:		
	State:	Zip:

**As you are aware, the captioned insured's insurance policy expires as shown above. In order to provide the most competitive renewal terms, please provide the following updated renewal information.**

Updated information on desired Aircraft, Insured Values and Liability Limits:

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

- Purpose(s) of Use for each aircraft: \_\_\_\_\_
- Annual hours flown for each Purpose of Use: \_\_\_\_\_
- Annual hours each aircraft is operated with a single pilot crew: \_\_\_\_\_
- Average number of passengers per flight: \_\_\_\_\_
- Non-Owned aircraft types utilized by the Applicant: \_\_\_\_\_
- Non-Owned aircraft annual number of flights: \_\_\_\_\_
- From whom are Non-Owned aircraft rented, borrowed, chartered: \_\_\_\_\_
- Purpose for use of Non-Owned aircraft: \_\_\_\_\_
- Annual number of flights and destinations outside of the U.S.: \_\_\_\_\_
- Provide updated pilot information for each pilot operating the aircraft, including training history.
- Provided updated pilot experience forms for each pilot operating the aircraft.
- Any additional important information or changes necessary for the renewal, please indicate below.

*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's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_