



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, ST Zip:	
Primary / Alternate Phone:	
E-Mail:	
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"/>	Operated under Part 135 Cert # _____
<input type="checkbox"/>	Professionally managed by a 3 rd Party (Part 91)
<input type="checkbox"/>	No Accidents/Incidents/Claims in the last 5 years
<input type="checkbox"/>	Insurance has Declined, Cancelled 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:	
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:	
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.



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4. LIENHOLDER INFORMATION

Name:	
Address:	
Current Lien Amount:	BOW up to 90% of Insured Value

5. NAMED PILOTS (Attach Pilot Record Form for all):

Pilot Name	Age	Med Class

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)

6. 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) : _____

7. 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: _____