



AIRCRAFT INSURANCE APPLICATION

Insurance Provided by
Member Companies of
American International Group, Inc.

Applicant's Name: _____

Mailing Address: _____

Effective from: _____ until _____ Both at 12:01 a.m. standard time at the address above.

Business of Applicant: _____ Number of Years in Business: _____

Former Business Names: _____

Applicant is: Individual(s) Partnership Corporation Holding Company Government Other (describe): _____ and is owned, controlled, or a subsidiary of _____

Is Applicant incorporated solely for ownership of the aircraft? Yes No

LIABILITY COVERAGE	Limits of Liability Requested		
	Each Person	Each Occurrence	Premium
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Property Damage Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Passenger Bodily Injury Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Single Limit _____ cluding Passengers	xxxxxxx	\$ _____	\$ _____
<input type="checkbox"/> With Passenger Liability Limited to:	\$ _____	xxxxxxx	
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other Liability (specify): _____	\$ _____	\$ _____	\$ _____

CHEMICAL LIABILITY COVERAGE (Aerial Application Only)	Limits of Liability Requested			
	Each Person	Each Occurrence	Aggregate Limit	Premium
Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____	\$ _____
Property Damage Liability	Not Applicable	\$ _____	\$ _____	\$ _____
Single Limit Property Damage & Bodily Injury, Excluding Passengers	Not Applicable	\$ _____	\$ _____	\$ _____

Check Appropriate Chemical Category: XC-seeds and fertilizers only
 RC- Restricted Chemical
 CC-Comprehensive Chemical,
including: Farmer/Owner/Grower Adjacent Fields
 Crops Treated Picloram

P.D. Claims Reimbursement: \$ _____ each occurrence arising from chemicals \$ _____ arising from other than chemicals.

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"/> \$1000.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> Other \$ _____ Not In Motion \$ _____
<input type="checkbox"/> All Risk: Not in Flight	\$ _____	\$ _____	
<input type="checkbox"/> All Risk: Not in Motion	\$ _____	\$ _____	
TOTAL POLICY PREMIUM: \$ _____			

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 by Applicant (incl. Extras)	Present Estimated Value (incl. Extras)	Engine Hrs. Since New, or Since Last Major Overhaul	Engine Make and HP
			Crew	Pass.		New / Used	Date				
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Aircraft usually based at: _____
 (Name of Home Airport. Give details of runway length, construction & all obstructions.) Hangared Tied-Out

Does Applicant hangar, service, repair or crew other aircraft? Yes No
 If Yes, describe: _____

Are any unapproved airports or unpaved runways used? Yes No
 If Yes, describe: _____

Is any aircraft registered under other names that Applicant's name above? Yes No
 If Yes, describe: _____

Describe all navigation outside the United States and Canada. _____

List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. List attached.

Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? Yes No

Applicant is: Sole Owner of the aircraft
 Owner subject to mortgage or conditional sales contract
 Other (explain): _____

If aircraft is mortgaged, name and address of mortgagee: _____

Amount of mortgage (excluding interest and finance charges) \$ _____

Will Breach of Warranty Coverage be required by mortgagee? Yes No

Are any other Aircraft owned by, rented or used by or on behalf of Applicant? Yes No

If Yes: Model Aircraft _____ Uses _____ No. Hours per Year _____

PILOT(S) NAMES

All pilots who will regularly operate the insured aircraft must complete a "Pilot Qualification" form. List all names below.

1. _____ 3. _____
 2. _____ 4. _____

PURPOSE OF USE (Check all Applicable Uses)

Pleasure or Business (not flown by professional pilots employed for this purpose)

Corporate – Executive (flown only by professional pilots employed for this purpose)

Instruction Rental (Commercial) Flying Club Photography

Passenger Carrying for Hire (Charter / Air Taxi) Air Ambulance (Charter / Air Taxi)

Freight Carrying (Charter / Air Taxi) Pipeline / Powerline Patrol

Banner Towing Aerial Application (SEE BELOW)

List all other uses not indicated above (explain each): _____

AERIAL APPLICATION ONLY

Please fill out this section only if you have checked "Aerial Application" under the PURPOSE OF USE section above.

List all states where you conduct aerial application: _____

Describe applicant's violation of any law or regulation governing aerial application operations: _____

Describe any owned/operated ground spraying equipment and type of use: _____

Show the percentage each represents to the total (100%):

Application of Glyphosate _____% Piclorams _____% Hormone Herbicides _____% Insecticides _____% Other _____%
Application to Orchards/Groves _____% Vineyards _____% Forest/Tree Farms _____% Exotic Fruits/Vegetables _____% Other _____%

Name of last Aircraft Insurance carrier (if none, so state): _____ Exp. Date: _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years. _____

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? Yes No
If Yes, explain. (Note: Missouri applicants Do Not Respond) _____

NOTICE TO 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 act, which is a crime, and subjects such person to criminal and civil penalties.

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, or 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)

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 CANCELLED 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.

Applicant Signature

Today's Date

To Be Completed By Producer

Producer: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____ E-mail: _____



PILOT QUALIFICATIONS

Insurance Provided by
Member Companies of
American International Group, Inc.

Named Insured _____	Make & Model of Aircraft to be Flown _____
Your Name _____	Home Address _____
Date of Birth _____	List Diplomas/Degrees _____
Occupation _____	Percent of Work Time Spent on Non-flying Duties _____
Employed by _____	Since (Year) _____
Business Address _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> (Check One)
	Business Phone _____ Home Phone _____
List Employers & Positions Held Over the Past 5 Years _____	

AIRMAN CERTIFICATE NUMBER	MEDICAL
Number: _____	Class: _____
Limitations: _____	Expiration Date: _____
	Limitations: _____

CURRENT CERTIFICATES & RATINGS

<input type="checkbox"/> Student: Since (date) _____	<input type="checkbox"/> Instrument: Class _____	<input type="checkbox"/> Multi Engine – Sea
<input type="checkbox"/> Private	<input type="checkbox"/> Night	<input type="checkbox"/> Type Aircraft rated in _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Single Engine – Land	<input type="checkbox"/> Rotorcraft
<input type="checkbox"/> Sr. Commercial	<input type="checkbox"/> Single Engine – Sea	<input type="checkbox"/> Glider
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Center Line Thrust	<input type="checkbox"/> A & P Mechanic
<input type="checkbox"/> Instructor: Class _____	<input type="checkbox"/> Multi Engine – Land	<input type="checkbox"/> Other _____

Date of last logged satisfactorily accomplished Biennial Flight Review : _____ Make & Model: _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam: _____ Make & Model: _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School _____
 Type of Aircraft _____ Date _____ Graduated? _____ (yes/no)
 Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

Name & Location of School _____
 Type of Aircraft _____ Date _____ Graduated? _____ (yes/no)
 Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

Name & Location of School _____
 Type of Aircraft _____ Date _____ Graduated? _____ (yes/no)
 Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

AERIAL APPLICATOR

Number of years experience as an aerial applicator pilot _____

Total hours applying: herbicides _____ insecticides _____

List states in which you are currently licensed to conduct aerial application: _____

Explain any suspension or revocation of any state aerial applicator certificate held by you. _____

LOGGED PILOT HOURS

Total Pilot-In-Command Hours for All Aircraft _____

ITEMIZATION PILOT-IN-COMMAND HOURS

CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
INSURED MAKE/MODEL	_____	_____	_____	_____	_____	_____
SINGLE ENGINE FIXED-GEAR	_____	_____	_____	_____	_____	_____
SINGLE ENGINE RETRACTABLE	_____	_____	_____	_____	_____	_____
MULTI ENGINE PISTON	_____	_____	_____	_____	_____	_____
TURBO-PROP	_____	_____	_____	_____	_____	_____
JET	_____	_____	_____	_____	_____	_____
HELICOPTER - RECIP - TURBINE - SLING LOAD	_____	_____	_____	_____	_____	_____
NUMBER OF WATER LANDINGS & TAKE- OFFS	_____	_____	_____	_____	_____	_____

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

1. Have you ever had an aircraft claim, incident, or accident? YES NO
2. Have you ever been cited or fined for violation of an aviation regulation? YES NO
3. Has your pilot certificate ever been suspended or revoked? YES NO
4. Have you ever been convicted of a felony or are you under indictment for a felony? YES NO
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? YES NO
6. Has your drivers' license ever been suspended or revoked? YES NO
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? YES NO
8. Have you ever had or been treated for a chemical dependency? YES NO
9. Are you regularly using any medication? YES NO

Explain fully each "YES" answer.

Continue on additional pages as needed.

ALL OF THE INFORMATION HEREIN IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

Pilot Signature

Today's Date

FOR INTERNAL USE ONLY

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____



PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Insurance Provided by
Member Companies of
American International Group, Inc.

Please reply to: _____ office.

File No. _____

1. LOCATION OF ACCIDENT, DATE & TIME			
City (nearest) and State:	Local Time		
	Zone	A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>
If accident occurred on approach to, or takeoff from an airport, or on an airport, give name of Airport:	Runway		Type of Surface and Condition:
	Direction	Length (ft.)	

2. AIRCRAFT			
Aircraft Make:	Engine Make:	Name & Address of Owner:	
Model:	Model:		
Registration #:	Horsepower:	Airworthiness Inspections	Date
Serial #:	Serial # (s):	<input type="checkbox"/> Periodic/Annual	
DESCRIBE AIRCRAFT DAMAGE:	Est. Cost Repairs: \$ _____	<input type="checkbox"/> 100 Hour	
		<input type="checkbox"/> Progressive Operational time since last inspection	Time
		Total Time on Aircraft	
ENGINES			
Total Time - _____ Left <input type="checkbox"/> Since New <input type="checkbox"/> Reman <input type="checkbox"/> Overhaul			
_____ Right <input type="checkbox"/> Since New <input type="checkbox"/> Reman <input type="checkbox"/> Overhaul			
PRESENT Location of Aircraft:			

3. KIND OF FLYING AND PURPOSE (Check each applicable item)			
<input type="checkbox"/> Commercial Operator	<input type="checkbox"/> Instructional	<input type="checkbox"/> Local	
<input type="checkbox"/> Cross-Country	If so, <input type="checkbox"/> Solo <input type="checkbox"/> Dual	<input type="checkbox"/> Pleasure/Personal Transportation	
<input type="checkbox"/> Business Transportation	<input type="checkbox"/> Air Taxi/Charter	<input type="checkbox"/> Aerial Application/Agricultural	
<input type="checkbox"/> Other (describe): _____			

4. PILOT DATA								
Name & Address:			Telephone #:		Business or profession:			
			Age:					
Pilot Certificate		Class/type Ratings						
Certificate #:		<input type="checkbox"/> Airplane	<input type="checkbox"/> Rotorcraft	Pilot Time - Hours Flown		Last 24 Hrs	Last 90 Days	Total Time
<input type="checkbox"/> Student	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Single-engine	<input type="checkbox"/> Helicopter	Total Time				
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Multi-engine	<input type="checkbox"/> Gyroplane	Instrument				
<input type="checkbox"/> Commercial	<input type="checkbox"/> Lighter-than-air	<input type="checkbox"/> Land	<input type="checkbox"/> Instrument	Night				
Medical Certificate Issued		<input type="checkbox"/> Sea		This make/model				
Date	Class	Type of Rating(s):		Multi-engine				
				Retractable Gear				
				Helicopter				
				Aerial Application				
Limitations:								
Biennial Flight Review								
Date:		Examiner:		Is Above Pilot Time Logged? <input type="checkbox"/> YES <input type="checkbox"/> NO				

5. LIST OF OCCUPANTS								
Name & Address (indicate injuries to pilot, other occupants and persons on the ground)	Total Persons Aboard	Crew	Passenger	NonOccupant	Degree of Injury			
					Fatal	Serious	Minor	None
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. DAMAGE TO PROPERTY OF OTHERS					
Description of Property	Description of Damage	Name & Address of Owner			
<input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Ceiling _____ ft. Visibility _____ mi. Temperature _____ F.					
Elevation of site _____ ft. Wind direction _____ Velocity _____ kts. Turbulence - If gusty, maximum gusts _____ kts.					
<input type="checkbox"/> Fog <input type="checkbox"/> Haze/smoke <input type="checkbox"/> Rain <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Icing conditions					
<input type="checkbox"/> Other (describe): _____					
Was flight plan filed? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/ ON TOP <input type="checkbox"/> FLIGHT FOLLOWING SERVICE If weather was involved, state if weather briefing was obtained or weather report checked, and how accomplished. _____					
Mechanical Failure/Malfunction – Fill out only if the accident involved a mechanical failure or malfunction. For the purpose of the report, a failure or malfunction means any failure or malfunction of the aircraft occurring under any circumstances, except when failure resulted from impact with the ground or collision with another object. Describe Failure/Malfunction below. Failure/Malfunction Occurred In: <input type="checkbox"/> Aircraft Structure <input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Accessories/equipment					
Name part that Failed/Malfunctioned	Manufacturer	Part Number	Serial Number of Part	Time Since Overhaul	Total Time on Part
Did fire follow impact? <input type="checkbox"/> NO <input type="checkbox"/> YES					
What happened? Describe event and circumstances leading to accident, and the nature of accident. Include a sketch if you desire. Attach extra sheet if more space is needed. If on a cross-country flight, state point and time of departure and intended destination. _____ _____ _____ _____					

_____ Pilot's Signature _____ Date _____ Owner's Signature _____ Date

This is to certify that the flight, which resulted in this accident, was made by the above pilot with my approval.

_____ Named Insured's Signature _____ Date

This is to certify that the flight, which resulted in this accident, was made by the above pilot while under my direct Control and Supervision as a Licensed Certified Flight Instructor.

_____ CFI's Signature _____ CFI Number _____ Date



PERSONAL PLEASURE & BUSINESS FIXED-WING AIRCRAFT INSURANCE APPLICATION

Insurance Provided by
Member Companies of
American International Group, Inc.

Separate application is required for all other aircraft (sailplanes, helicopters, etc.) and/or uses (special/commercial). There is no coverage if you make any charge, receive any money or any other compensation or reward for use of your aircraft, other than sharing the cost of fuel, oil, landing fees, customs fees or temporary parking for a flight with your passengers. Please contact your insurance agent instead of using this form.

Name of Applicant(s): _____

Applicant's Address: _____

Applicant's Telephone Numbers Home: _____ Work: _____

Business or Occupation of Applicant(s): _____

Coverage Effective from _____ until _____ 12:01 am standard time at the address above.

Applicant is the sole owner of the aircraft, other than: _____

Are any other aircraft owned by, rented or used by or on behalf of Applicant? _____

Model aircraft: _____ Uses: _____ Number hrs. per year: _____

Has any insurance company cancelled or refused to renew your aircraft insurance? YES NO (Missouri applicants do not respond)
If YES, explain: _____

Expiration date of current insurance: _____

Name of current insurance company: _____

AIRCRAFT						
Operations other than Paved Public Airports: Airstrip Length: _____ Ft. Airstrip Width: _____ Ft. Landing Surface: _____ Obstructions: _____						
	N#		N#		N#	
Year Make & Model						
Total Seats						
Annual Hours Flown						
Date of Last Annual						
Engine Make & Model and Hours Since Overhaul						
Describe "Airworthiness" Certificates Other than Standard						
Describe Aircraft Modifications or Unrepaired Damage						
Airport Name (Location) City, State		<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down		<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down		<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down
COVERAGE						
Insured Value	\$	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage	\$	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage	\$	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage
Deductibles	\$	<input type="checkbox"/> Not-In-Motion <input type="checkbox"/> In-Motion	\$	<input type="checkbox"/> Not-In-Motion <input type="checkbox"/> In-Motion	\$	<input type="checkbox"/> Not-In-Motion <input type="checkbox"/> In-Motion
Lien Holder and Address						
Lien Amount	\$	<input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty	\$	<input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty	\$	<input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty
Combined Single Limit of Liability (Bodily Injury and Property Damage)	\$ Each Occurrence	<input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$ _____ Each Passenger	\$ Each Occurrence	<input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$ _____ Each Passenger	\$ Each Occurrence	<input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$ _____ Each Passenger
Medical Payments	\$	Each Passenger	\$	Each Passenger	\$	Each Passenger
TOTAL PREMIUM	\$		\$		\$	

PILOT QUALIFICATIONS (List all pilots who will operate the aircraft.)																	
Name	Age	Pilot Certificates & Ratings						Medical Certificate		Logged Pilot in Command Hours							
		Student	PVT	CM/IL	AMEL	Instrum	ATP	Other	Exp. Date	Class	Date Last B.F.R.	Total Time	Total R/G	Total M/E	Total Tail Wheel	Other	Total in Aircraft Model to be Insured
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									/

List all Pilot's claims, incidents, accidents, FAA Medical Waivers (other than for corrective lenses), FAR violations, DUI and felony convictions. Write "none" if none of the above applies. _____

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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.

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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)

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 CANCELLED 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.

Applicant Signature

Today's Date

To Be Completed By Producer

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____