

# Aircraft Insurance Application

Policy/Quote No.: \_\_\_\_\_ Insurance Agency: \_\_\_\_\_

Quotation     Insurance     Binder

**1.** Name of Applicant: \_\_\_\_\_

**2.** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3.** Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

**4.** Occupation of Applicant is: \_\_\_\_\_

Applicant is a(n):     Individual     Business Corporation     Holding Corporation     Partnership     LLC     Other

If "Other," please specify: \_\_\_\_\_

If a corporation, partnership or limited liability organization formed for the primary purpose of ownership of the aircraft, please list all partners, shareholders, members, officers and/or directors:

**5.** Additional Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Interest of Additional Insured: \_\_\_\_\_

**6.** Present Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**7.** Insurance Requested from: \_\_\_\_\_ to \_\_\_\_\_ 12:01 A.M. Local Time at Applicant's Address

**8.** Aircraft will be:     Hangared     Tied Down    at: \_\_\_\_\_

Located at (City & State): \_\_\_\_\_

9. Liability and Medical Payments Coverage	Limit of Coverage	Premium (Company Use Only)
<input type="checkbox"/> D. Single Limit Bodily Injury & Property Damage Including Limited Passenger Bodily Injury	\$ _____ Each Occurrence	\$ _____
<input type="checkbox"/> DL. Single Limit Bodily Injury & Property Damage Including Limited Passenger Bodily Injury	\$ _____ Each Occurrence Passenger Bodily Injury Limited to: \$ _____ Each Passenger	\$ _____ \$ _____
<input type="checkbox"/> E. Medical Expense Coverage	\$ _____ Each Occurrence \$ _____ Each Passenger	\$ _____ \$ _____
<input type="checkbox"/> Other	\$ _____	\$ _____

**10. Aircraft Description & Physical Damage Coverage** **Liability Premium Total: \$** \_\_\_\_\_

A.	FAA No:	Make/Model:	Yr. Built:	# Seats:	Agreed Value	Deductibles:	Coverages:	<input type="checkbox"/> G - Aircraft Physical Damage Coverage In Motion <input type="checkbox"/> F - Aircraft Physical Damage Coverage Not In Motion
	_____	_____	_____	_____	\$ _____	NIM: _____ IM: _____		

Type:     L - Land Plane     R - Rotorcraft     E - Experimental     A - Amphibian     S - Seaplane    **Premium: \$** \_\_\_\_\_

B. SEE AIRCRAFT SCHEDULE **Premium: \$** \_\_\_\_\_

**Physical Damage Premium Total: \$** \_\_\_\_\_

**Other Premium/Tax Total: \$** \_\_\_\_\_

**TOTAL ANNUAL PREMIUM \$** \_\_\_\_\_

11. Purpose of Use:  Pleasure & Business  Instructional & Rental  Air Charter  Flying Club  Special Use: \_\_\_\_\_

12. Applicant's interest in the Aircraft is:  Sole Owner  Sole Owner Subject to Lienholder's Security Interest  Lessee  Lienholder's Interest  Yes

Lienholder and/or Lessor Information:

Endorsement Required?  No

Lienholder: \_\_\_\_\_

Lessor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

13. A. Has Applicant had any aircraft/aviation claims or losses within the last 3 years?  Yes  No

B. Has any insurance company cancelled, declined or refused to renew any aviation insurance for Applicant?  Yes  No

**(Missouri applicants:  
DO NOT answer question 13.B.)**

Please explain any "yes" answers (use additional sheets if necessary):

#### 14. Pilot Information

Please attach a Pilot History Form (Form GA107) for each pilot who will operate the aircraft in flight.

**I/WE CONFIRM THAT ALL THE INFORMATION GIVEN IN HIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND THAT NO INFORMATION HAS BEEN WITHHELD OR SUPPRESSED. I AGREE THAT THIS APPLICATION AND THE TERMS OF ANY CONDITIONS OF THE POLICY IN USE BY THE INSURER SHALL BE THE BASIS FOR ANY CONTRACT BETWEEN ME/US AND THE INSURER.**

## IMPORTANT WARNINGS

#### NOTICE TO APPLICANTS:

Any person who knowingly (or willfully\*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully\*) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### NOTICE TO CALIFORNIA APPLICANTS:

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### 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 Agencies.

#### NOTICE TO FLORIDA AND OKLAHOMA 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 (of the third degree\*). \*Applies in FL Only.

#### NOTICE TO KANSAS APPLICANTS:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### NOTICE TO KENTUCKY AND 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\*). \*Applies in NY Only.

#### NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 and denial of insurance benefits. \*Applies in ME Only.

#### 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 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 OREGON APPLICANTS:**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**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.

Applicant's Signature:

Date:

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_

*This application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.*

# Aircraft Description Schedule & Physical Damage Coverage

TYPE CODES: L - Land Plane R - Rotorcraft A - Amphibian S - Seaplane E - Experimental

COVERAGE CODES: Physical Damage Coverage Codes: F - Aircraft Physical Damage Not In Motion G - Aircraft Physical Damage In Motion

1.	FAA No:	Make/Model:	Yr. Built:	# Seats:	Type:	Coverages:	Agreed Value:	Deductibles:	<b>Premium:</b>
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____
							\$ _____	NIM: _____ IM: _____	\$ _____

**TOTAL AIRCRAFT PHYSICAL DAMAGE PREMIUM: \$ \_\_\_\_\_**

**Lienholder Interest Information:**

1.	FAA No:	Lienholder:	Lienholder Address:	Lienholder's Interest Endorsement:

**Leased Aircraft Information:**

1.	FAA No:	Lessor Name:	Lessor Address:

**Additional Information:**

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