



AIRCRAFT APPLICATION

- 1. Name:
2. Address:
3. You are:
4. Your business is:
5. Your present aircraft insurance company is:
6. Has applicant had any accidents or incidents:
7. Has any insurer canceled or refused to renew any aviation insurance for you or any of your pilots:

AIRCRAFT INFORMATION

- 8. Year: Make and Model: FAA "N" No.:
9. Capacity: Pass. Crew: Standard Airworthiness Category:
10. Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices, etc):
11. Aircraft is landplane: is it usually hangared:
12. Aircraft is usually based at:
13. Purchase date: Purchase price (w/equipment): Current value:
14. Engine hours single: Twin (L): (R) Airframe hours

Explain "yes" answers on reverse side of application .

- 15. Will any charge (other than operating expenses) be made for the use of the aircraft
16. Will the aircraft be used for anything other than transporting people
17. Will the aircraft be used for anyplace other than at paved runway airports
18. Will the aircraft be used outside the continental United States
19. Do you own or exclusively lease any other aircraft
20. Do you use non-owned aircraft
21. Will the aircraft be used for student or pilot instruction
22. Name of instructor: Flight School:



**PILOT INFORMATION**

Data required on all pilots who will operate the aircraft

Pilot No. 1

Pilot No. 2

Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Year learned to fly: \_\_\_\_\_ Last Medical: \_\_\_\_\_  
 Last BFR: \_\_\_\_\_ In Make/Medical A/C: \_\_\_\_\_  
 FAA Pilot Certificates held: [ ] STU [ ] Pvt. [ ] Comm.  
   [ ] ATP [ ] CFI [ ] \_\_\_\_\_  
 Pilot in Command Hours:

All Aircraft			This Make & Model			
Total	Last 12 Mo.	Last 90 days	Total	Last 90 Days	S.E. Ret.Gr.	Multi Eng

Helicopters			Sea Planes		
Total Jet	Total Turbo Prop	Piston Total	Turbine Total	S/E Total	Multi Eng Total

**Recurrent/Transition Courses:** Describe and give dates of last courses attended:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current FSI Pro Card or Simuflite Card: \_\_\_\_\_  
 FAA Pilot Proficiency Award Program participant: \_\_\_\_\_  
 If yes, what phase have you completed: \_\_\_\_\_  
 For what type of aircraft: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_

Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Year learned to fly: \_\_\_\_\_ Last Medical: \_\_\_\_\_  
 Last BFR: \_\_\_\_\_ In Make/Medical A/C: \_\_\_\_\_  
 FAA Pilot Certificates held: [ ] STU [ ] Pvt. [ ] Comm.  
   [ ] ATP [ ] CFI [ ] \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

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 FAA Pilot Proficiency Award Program participant: \_\_\_\_\_  
 If yes, what phase have you completed: \_\_\_\_\_  
 For what type of aircraft: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_

EXPLAIN EACH "YES" ANSWER – With respect to each pilot

Pilot No. 1

Pilot No. 2

23. Any incidents or accidents; any citations for FAR violations or license limitations..... [ ] Yes [ ] No [ ] Yes [ ] No
24. Any physical impairments or limitations or waivers on Medical Certificates ..... [ ] Yes [ ] No [ ] Yes [ ] No
25. Any felony convictions or license suspensions arising out of operation of a motor vehicle ... [ ] Yes [ ] No [ ] Yes [ ] No
26. Any arrests for operation of a moto vehicle recklessly or under influence of alcohol or drugs... [ ] Yes [ ] No [ ] Yes [ ] No
27. Will anyone, other than you or the pilots shown above, use your aircraft..... [ ] Yes [ ] No [ ] Yes [ ] No



**AIRCRAFT OWNERSHIP**

28. I do not own the aircraft by myself  Name & Addresses of:  Co-owner(s)  Mortgagee(s)  Lessor(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Amount of any lien or loan, excluding interest and/or finance charges \$ \_\_\_\_\_

30. Does your lienholder require lienholder's interest insurance (Breach of Warranty):  Yes  No

**COVERAGE**

Coverage	Limits of Coverage		
Combined Liability Coverage for Bodily injury and property damage	\$		Each Occurrence
Medical Coverage	\$		Each Person
Aircraft Physical Damage Coverage \$	\$	\$	Limit
Not in-motion deductible	In motion deductible		

Use this space for answering questions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name and Address of Agent/Broker:

\_\_\_\_\_

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until the insurance company effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by the insurance company, the full amount of premium becomes due and payable immediately. I/We authorize the insurance company to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

