

## Aircraft Insurance Application

Please complete all information and sign and date at bottom. Please attach a separate sheet to complete information, if necessary.  
 This document does not provide any coverage or amend any existing coverage.

### 1. GENERAL INFORMATION

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

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

**City, State, Zip:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Applicant's Business Is:** \_\_\_\_\_

**Current Insurance Carrier:** \_\_\_\_\_

**Current Coverage Expires:** \_\_\_\_\_

**Check all that apply below:**

- Applicant is an Individual     
  Applicant is a Corporation     
  Applicant is a Partnership\* (explain below)  
 Applicant is Other\* (explain below)     
  Aircraft will be operated under FAR Part 135     
  Aircraft will be managed by other party (not Applicant)

\* Please provide the name of each partner if a Partnership or explain the entity if "Other" box checked above.

### 2. AIRCRAFT INFORMATION

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

- a. Aircraft are based at the following airport(s): \_\_\_\_\_
- b. Aircraft hangared or tied outside? \_\_\_\_\_
- c. Average number of passengers per flight: \_\_\_\_\_
- d. Annual hours each aircraft operated with a single pilot crew: \_\_\_\_\_
- e. Purpose for use of Non-Owned aircraft, if applicable: \_\_\_\_\_
- f. Non-Owned aircraft types utilized by the Applicant: \_\_\_\_\_
- g. Non-Owned aircraft annual number of flights: \_\_\_\_\_
- h. From whom are Non-Owned aircraft rented, borrowed, chartered: \_\_\_\_\_

List names and addresses of loss payees and lien holders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PURPOSE OF USE

FAA "N" No: \_\_\_\_\_  P & B  Industrial Aid  Charter / Air Taxi  Other: \_\_\_\_\_ Est. Annual Hrs: \_\_\_\_\_  
FAA "N" No: \_\_\_\_\_  P & B  Industrial Aid  Charter / Air Taxi  Other: \_\_\_\_\_ Est. Annual Hrs: \_\_\_\_\_  
FAA "N" No: \_\_\_\_\_  P & B  Industrial Aid  Charter / Air Taxi  Other: \_\_\_\_\_ Est. Annual Hrs: \_\_\_\_\_  
FAA "N" No: \_\_\_\_\_  P & B  Industrial Aid  Charter / Air Taxi  Other: \_\_\_\_\_ Est. Annual Hrs: \_\_\_\_\_  
FAA "N" No: \_\_\_\_\_  P & B  Industrial Aid  Charter / Air Taxi  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.

4. NAMED PILOTS (attach a Pilot Record Form for each pilot, Form No. 001).

Pilot Name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

5. 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. Does Applicant employ their maintenance personnel?  Yes  No
- e. Will insured aircraft be used on other than paved runways?  Yes  No
- f. Does Applicant own or exclusively lease any other aircraft?  Yes  No
- g. Does Applicant have any Non-Owned Aircraft exposure?  Yes  No
- h. Will anyone other than named pilots operate the insured aircraft?  Yes  No
- i. Will insured aircraft be used outside the continental United States?  Yes  No
- j. Will insured aircraft be used for anything other than transporting passengers?  Yes  No
- k. Has Applicant or Named Pilot(s) ever had any incidents, accidents, or violations?  Yes  No
- l. Has Applicant or Named Pilot(s) ever had any felony convictions or license suspensions?  Yes  No
- m. Has Applicant ever had insurance denied or cancelled?  Yes  No

Explain all YES answers (attach separate sheet, if necessary): \_\_\_\_\_

6. 5-YEAR LOSS HISTORY (attach loss runs if available)

\_\_\_\_\_

## FRAUD WARNINGS

**NOTICE TO ARKANSAS 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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 FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 KENTUCKY 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 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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE 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 NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person 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. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**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 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.

**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 PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to

exceed ten thousands dollars (\$ 10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor 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 TENNESSEE 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 TENNESSEE FOR WORKERS COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS: Workers Compensation:** 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 state prison.

**NOTICE TO 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 WAHSINGTON 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 WEST VIRGINIA 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

*(Fraud Language Revised 12/07/09)*

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.**

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer:** \_\_\_\_\_

**State / License No.:** \_\_\_\_\_ / \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** - - \_\_\_\_\_ **Fax:** - - \_\_\_\_\_