

AIRCRAFT HULL & LIABILITY INSURANCE APPLICATION

Applicant Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Business of Applicant: _____
 Effective from _____ to _____ Policy No. (if known) _____

Aircraft 1

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 FAA No.: _____ Purchase Year: _____ ☐ New ☐ Used ☐ Land ☐ Sea ☐ Amphib Pass. _____

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)	Each Person	Each Occurrence
Bodily Injury - Excluding Passengers	\$	\$
Property Damage		\$
Passenger Liability	\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage		\$
<input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to:	\$	
Medical Expenses <input type="checkbox"/> Excluding Crew	\$	\$
<input type="checkbox"/> Other Liability:	\$	\$

Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul	Engine Make/Type: _____	Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____
Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangar <input type="checkbox"/> Paved Runway Length in feet: _____	Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS	If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ %
Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Owner subject to Lien <input type="checkbox"/> Other explain: _____		
Lienholder Name/Attn: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: <input type="radio"/> Yes <input type="radio"/> No		

Aircraft 2

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 FAA No.: _____ Purchase Year: _____ ☐ New ☐ Used ☐ Land ☐ Sea ☐ Amphib Pass. _____

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)		Each Person	Each Occurance
Bodily Injury - Excluding Passengers		\$	\$
Property Damage		\$	\$
Passenger Liability		\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage		\$	\$
<input type="checkbox"/> Passenger Bodily Injury Limited to <input type="checkbox"/> All Bodily Injury Limited to		\$	\$
Medical Expenses <input type="checkbox"/> Excluding Crew		\$	\$
<input type="checkbox"/> Other Liability		\$	\$

Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul	Engine Make/Type: _____	Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____
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Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangar <input type="checkbox"/> Paved Runway Length in feet: _____	Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS	If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ %
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Applicant is: ☐ Sole Owner ☐ Lessee ☐ Owner subject to Lien ☐ Other explain: _____

Lienholder Name/Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: ☐ Yes ☐ No

For additional aircraft please attach an "Aircraft Fleet Addendum" ☐ Aircraft Fleet Addendum Attached

Purpose of Use

<input type="checkbox"/> Pleasure or <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose)	<input type="checkbox"/> Instruction
<input type="checkbox"/> Corporate-Executive (flown by professional pilots employed for this purpose)	<input type="checkbox"/> Sightseeing
<input type="checkbox"/> Passenger Carrying for Hire (Charter/Air Taxi)	<input type="checkbox"/> Flying Club
<input type="checkbox"/> Air Ambulance / EMS	<input type="checkbox"/> Aerial Photography
<input type="checkbox"/> Freight Carrying (for hire)	<input type="checkbox"/> Aerial Application (see Aerial Application section)
<input type="checkbox"/> Pipeline / Powerline Patrol	<input type="checkbox"/> Electronic News Gathers / Traffic Watch
List other uses not indicated: _____	<input type="checkbox"/> Banner Towing

Pilots

List the pilots who operate the insured aircraft. Please complete a "Pilot History Form" for each pilot.

1: _____	3: _____	5: _____
2: _____	4: _____	6: _____

Aircraft Operations

Will aircraft be operated at other than paved airports? ☐ Yes ☐ No
Where, surface and length of runway: _____

Will aircraft be operated outside the 48 contiguous states of the U.S.A? ☐ Yes ☐ No
Where, purpose and length of frequency: _____

Does applicant or employees (including employee pilots) use non-owned aircraft? ☐ Yes ☐ No
If 'Yes', explain: _____
Model Aircraft: _____ Use(s): _____
Hours of use per year: _____

Do you charter aircraft on company business? ☐ Yes ☐ No
Do you request a certificate of insurance? ☐ Yes ☐ No
Min Liability Limit you will accept from the operator: \$ _____

If your aircraft is managed by others, please identify the manager: _____

Are any turbine aircraft operated with a single pilot crew Part 135? ☐ Yes ☐ No
If 'Yes', explain: _____

Who employs your pilots?: _____
Name and describe your relationship to the Named Insured: _____

Does applicant hangar, service, repair or crew other aircraft? ☐ Yes ☐ No
If 'Yes', explain: _____

Are any aircraft registered under other names than applicants name? ☐ Yes ☐ No
If 'Yes', explain: _____

Aerial Application Applicants Only

- ☐ Recurrent Training of Pilots explain: _____
- ☐ Training in the Use of Chemicals explain: _____
- ☐ Industry of State Plant Board Seminars explain: _____
- ☐ Attended PAASS explain: _____
- ☐ Membership of any Other Associations explain: _____
- Are you a member of the National Agricultural Aviation Association? ☐ Yes ☐ No explain: _____
- Are you a member of a State Aerial Aviation Association? ☐ Yes ☐ No explain: _____

Chemical Liability Coverage	Each Person	Each Occurance	Aggregate
Bodily Injury Excluding Passengers, Excluding Chemical	\$	\$	
Bodily Injury Excluding Passengers, Including <input type="checkbox"/> Limited Chemical <input type="checkbox"/> Comprehensive Chemical	\$	\$	\$
Property Damage Excluding Chemical		\$	
Property Damage Including <input type="checkbox"/> Limited Chemical <input type="checkbox"/> Comprehensive Chemical		\$	
Combined Single Limit Bodily Injury/Property Damage Excluding chemical		\$	
Combined Single Limit Bodily Injury/Property Damage Including chemical <input type="checkbox"/> Limited Chemical <input type="checkbox"/> Comprehensive Chemical		\$	\$

What percentage of total application hours during the policy period involve: Herbicides: _____ % Fungicides: _____ %
 Insecticides _____ % Fertilizers: _____ %

List states where aerial application will be made: _____

Airport Premise Liability Coverage	Each Person	Each Occurance	Aggregate
Premise Bodily Injury	\$	\$	
Premise Property Damage		\$	\$
Combined Limit Premises Bodily Injury & Property Damage		\$	

Has applicant of any of the applicant's pilots ever paid, or had paid on their behalf, any settlement for claims arising out of the Chemical Liability Hazard (chemical drift coverage) insurance? ☐ Yes ☐ No If 'Yes', explain: _____

Has any such claim been made that is still unsettled? ☐ Yes ☐ No If 'Yes', explain: _____

Flying Club Applicants Only

- Are members all equal owners of the aircraft? ☐ Yes ☐ No
- Does the club have written by-laws? ☐ Yes ☐ No If "Yes" attach a copy.
- Does the club designate specific CFI's for instructions to members? ☐ Yes ☐ No If "Yes" identify on pilot roster.

Pilots

Attach a completed Flying Roster as of policy inception which must include: Full Name, Age, Certification, Endorsements, Ratings(s), Total Hours Logged, Retractable Gear Hours, and Conventional Gear Hours (if applicable), Club Aircraft the pilot will operate, and is the pilot a club member or officer and officer position held.

Helicopter Applicants Only

Utilization check uses for which coverage is desired and indicate estimated annual hours for each category:

Use	Annual Hours	Use	Annual Hours	Use	Annual Hours
<input type="checkbox"/> Business and Pleasure		<input type="checkbox"/> Offshore/oil rig		<input type="checkbox"/> Logging	
<input type="checkbox"/> Industrial Aid (Corporate)		<input type="checkbox"/> Law Enforcement/police		<input type="checkbox"/> Heli-skiing	
<input type="checkbox"/> Air Ambulance		<input type="checkbox"/> In-flight pick-up/delivery		<input type="checkbox"/> Sightseeing/air tours	
<input type="checkbox"/> Aerial Application		<input type="checkbox"/> Forest service/BLM		<input type="checkbox"/> Seismic oil/gas exploration	
<input type="checkbox"/> Instruction		<input type="checkbox"/> Search and Rescue		<input type="checkbox"/> Firefighting/sire support	
<input type="checkbox"/> Rental		<input type="checkbox"/> Traffic Watch		<input type="checkbox"/> Movies/cinematography	
<input type="checkbox"/> Air Taxi		<input type="checkbox"/> Pipeline/powerline patrol		<input type="checkbox"/> Aerial photography	
<input type="checkbox"/> External load/slung cargo		<input type="checkbox"/> Electronic news gathering		<input type="checkbox"/> Crew training	
<input type="checkbox"/> Other users, explain:					

Helicopter Applicants Only cont'

Two axis stabilization system. List Aircraft:

IFR Equipped. List Aircraft:

Floatation/pop out floats. List Aircraft:

High visibility rotor blades. List Aircraft:

Loss History and Previous Aviation Insurance

Date of Occurance	Amount Paid	Description of Loss

Name of ☐ Last or ☐ Present Aircraft Insurance Company: _____ Expiration Date: _____Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? ☐ Yes ☐ No

If 'Yes', explain: _____

Has any such claim been made that is still unsettled? ☐ Yes ☐ No

If 'Yes', explain: _____

Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? ☐ Yes ☐ No

If 'Yes', explain: _____

Has applicant or any of applicant's pilots ever paid, or had paid on their behalf, any settlement for claims arising out of the Chemical Liability Hazard (chemical drift coverage) insurance? ☐ Yes ☐ No

If 'Yes', explain: _____

Has any such claim been made that is still unsettled? ☐ Yes ☐ No

If 'Yes', explain: _____

Comments

Applicant Name: _____

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

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

APPLICABLE IN COLORADO

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.

APPLICABLE IN FLORIDA and OKLAHOMA

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 FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

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 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

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.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

Applicant Signature: _____ Date: _____

**Authorized representative of applicant must sign.
The Applicant's agent may not sign this Application for the Applicant.**

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

Producer Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Producer Signature: _____ Date: _____