

AVIATION INSURANCE APPLICATION

Name of Insurance Company: _____ Coverage effective date _____ to _____
 Name of Applicant: _____ Applicant is: An individual A business
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Info: Phone: _____ E-mail: _____ Occupation: _____
 Is applicant sole owner of the aircraft: Yes No (If No, explain): _____
 Name of lienholder(s): _____ Lien amount: \$ _____
 Address of lienholder(s): _____ Is Breach of warranty coverage required? Yes No
 Name of current insurance company: _____ Expiration date: _____
 Has the applicant ever had any aviation claims, incidents, accidents, FAR violations DUI's, felony convictions, or been under indictment? Yes No (If "Yes", please explain each occurrence on separate sheet.)

Use of Aircraft: (If other than for "Pleasure and Business" please also contact your agent.) "Pleasure and Business" meaning used in the applicant's business, including personal and pleasure uses, but excluding any operation for hire or reward.
 If any other uses, explain: _____

| Year, Make and Model | Policy Value | Current Value | FAA# | Seats Crew | Seats Pass. | Hangared Y/N | Land Plane Y/N | Time SMOH | Annual Utilization | Base FAA ID |
|----------------------|--------------|---------------|------|------------|-------------|--------------|----------------|-----------|--------------------|-------------|
| | | | | | | | | | | |

Will the aircraft be operated at other than paved public airports? Yes No (If "Yes", where and how often?): _____
 Will the aircraft be operated outside the 48 contiguous states? Yes No (If "Yes", explain): _____
 Will other than applicant have use of the aircraft? Yes No (If "Yes", explain): _____
 Does the aircraft have other than a standard airworthiness certificate? Yes No (If "Yes", explain): _____
 Has the aircraft been modified or converted in any way from the manufacturer's original configuration or design in such a manner to have required a Supplemental Type Certificate (STC)? Yes No (If "Yes", explain): _____

| Pilot Name | Birth Date | Certs and Ratings | Last BFR Date | Last IPC Date | AOPA# | EAA# | | | |
|--|------------|-------------------|---------------|---------------|-------|---------|---------|-------------------------|---------|
| 1 | | | | | | | | | |
| Hours | | | | | | | | | |
| Total | Retract | Tail | Multi | Rotor | Sea | Turbine | Last 12 | Insured Aircraft | |
| | | | | | | | | Total | Last 12 |
| | | | | | | | | | |
| <input type="radio"/> FAA Medical <input type="radio"/> BasicMed <input type="radio"/> Sport Medical Date and Class _____ Last Online Medical Course Date _____ Has this pilot had any FAA Medical waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain each occurrence on separate sheet.) Has this pilot ever had any aviation claims, incidents, accidents, FAR violations DUI's, felony convictions, or been under indictment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain each occurrence on separate sheet.) Date and Location of last recurrent training: _____ | | | | | | | | | |
| Pilot Name | Birth Date | Certs and Ratings | Last BFR Date | Last IPC Date | AOPA# | EAA# | | | |
| 2 | | | | | | | | | |
| Hours | | | | | | | | | |
| Total | Retract | Tail | Multi | Rotor | Sea | Turbine | Last 12 | Insured Aircraft | |
| | | | | | | | | Total | Last 12 |
| | | | | | | | | | |
| <input type="radio"/> FAA Medical <input type="radio"/> BasicMed <input type="radio"/> Sport Medical Date and Class _____ Last Online Medical Course Date _____ Has this pilot had any FAA Medical waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain each occurrence on separate sheet.) Has this pilot ever had any aviation claims, incidents, accidents, FAR violations DUI's, felony convictions, or been under indictment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain each occurrence on separate sheet.) Date and Location of last recurrent training: _____ | | | | | | | | | |
| Pilot Name | Birth Date | Certs and Ratings | Last BFR Date | Last IPC Date | AOPA# | EAA# | | | |
| 3 | | | | | | | | | |
| Hours | | | | | | | | | |
| Total | Retract | Tail | Multi | Rotor | Sea | Turbine | Last 12 | Insured Aircraft | |
| | | | | | | | | Total | Last 12 |
| | | | | | | | | | |
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COVERAGE

Liability:

Medical:

Has the applicant had aircraft hull or liability insurance cancelled by an insurance company or underwriter? (Does not apply to MO) Yes No

(If Yes, explain): _____

Additional Insureds: _____

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I 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. Thereby authorize this Company to investigate all or any qualifications or statements contained herein.

Applicant's signature: X _____ **Date:** _____
(all applicants must sign)