



(Check which is desired) A QUOTATION INSURANCE RENEWAL POLICY

NAME OF APPLICANT: STREET ADDRESS: CITY/STATE/ZIP:	PHONE: RESIDENCE: PHONE: BUSINESS:
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BUSINESS OR OCCUPATION OF APPLICANT:

APPLICANT IS: INDIVIDUAL(S) CORPORATION PARTNERSHIP OTHER

INSURANCE REQUESTED FROM 12:01A.M. TO 12:01A.M.

Liability Coverage	LIMITS OF LIABILITY DESIRED	Each Person	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers - <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$	\$	\$
<input type="checkbox"/> MEDICAL EXPENSE: Passengers - <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$	\$	\$
GUEST VOLUNTARY SETTLEMENT <input type="checkbox"/> include Crew <input type="checkbox"/> exclude Crew	\$	\$	\$

OTHER COVERAGES (IF ANY)

AIRCRAFT:

YEAR, MAKE AND MODEL	FAA REG. NUMBER	SEATING CAPACITY		LAND (L) SEA (S) AMP (A)	PURCHASED		PRICE PAID BY APPLICANT (INC. EXTRAS)	PRESENT ESTIMATED VALUE (INC. EXTRAS)	ENGINE HRS. SINCE NEW OR SINCE LAST MAJOR OVERHAUL	NO. OF HOURS FLOWN ON AIRCRAFT IN LAST 12 MOS.
		CREW	PASS		NEW OR USED	DATE				
1.							\$	\$		
2.							\$	\$		
3.							\$	\$		

HULL COVERAGE	AMOUNT OF INSURANCE	DEDUCTIBLE	Is aircraft operational and Airworthiness Certificate in full force and effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain on separate paper
<input type="checkbox"/> ALL RISKS WHILE IN MOTION AND NOT IN MOTION	\$ (1)	IN MOTION \$	
<input type="checkbox"/> GROUND, NOT IN MOTION	\$ (2)	NOT IN MOTION \$	Is the aircraft operated under a FAA Standard Airworthiness Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain on separate paper
	\$ (3)		

Aircraft based and <input type="checkbox"/> Hangared <input type="checkbox"/> Tied-down at: Airport:	<input type="checkbox"/> PUBLIC AIRPORT <input type="checkbox"/> PRIVATE AIRPORT	TOWER <input type="checkbox"/> Yes <input type="checkbox"/> No RUNWAY <input type="checkbox"/> Yes <input type="checkbox"/> No LIGHTS	RUNWAYS <input type="checkbox"/> Yes <input type="checkbox"/> No PAVED Length FT.
City/State:			

APPLICANT IS: Sole Owner of aircraft without encumbrance Lienholder or Lessor:
 Sole Owner under mortgage or other encumbrance Lienholder or Lessor:
 Lessee: (Identify Lessor and attach terms of lease) Lienholder or Lessor:
 Street Address of Lienholder or Lessor:
 City/State/Zip of Lienholder or Lessor:
 "Breach of Warranty" is Needed Not Needed
 Lien Balance \$
 (APPLICABLE IF BREACH OF WARRANTY IS NEEDED)

IMPORTANT: COMPLETE ALL ITEMS ON BOTH PAGES

PURPOSE OF USE: (check all applicable uses)

- | | |
|---|--|
| <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"/> Rental- (Commercial) |
| <input type="checkbox"/> Corporate – Executive (flown only by professional pilots employed for this purpose) | <input type="checkbox"/> Flying Club - <input type="checkbox"/> Photography - (Commercial) |
| <input type="checkbox"/> Passenger Carrying For Hire (Charter/Air Taxi) <input type="checkbox"/> Air Ambulance (Charter/Air Taxi) | <input type="checkbox"/> Freight Carrying For Hire (Charter/Air Taxi) |
| <input type="checkbox"/> Pipeline/powerline Patrol <input type="checkbox"/> Banner Towing <input type="checkbox"/> Crop Dusting | |
| <input type="checkbox"/> List all other Uses not indicated above (explain): | |

Name	AGE	Pilot Certificates and Ratings							Logged Pilot in Command Hours							
		STUDENT	PRIVATE	COMMERCIAL	AMEL	INSTRUMENT	ATP	ROTOR	OTHER	TOTAL TIME	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL MULTI ENGINE	TOTAL ROTOR-WING	TOTAL TURBINE	TOTAL IN AIRCRAFT MODEL TO BE INSURED
1)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Pilot No.	FAA Pilot Certification No.	Medical Certificate Date of Physical / Class	List any formal flight Training Facilities Attended	Aircraft Model	Date Attended
1					
2					
3					

INSURED MEMBERSHIP # (AOPA, EAA, etc.)

- Do any pilots named above have any: (a) physical impairments?
(b) waivers, limitations, conditions attached to their medical certificates?
- Has an FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked?
If so, explain
- Has any Pilot named above ever been cited for any violation of Federal Air Regulations?
If so, explain
- Has any Pilot named above ever been involved in any aircraft accident?
If so, explain
- Has any applicant, or officer or partner thereof, or Pilot named above ever been indicated for or been arrested for a felony, drunk or reckless driving? . If so, explain
- Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs?
If so, explain

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE PLEASE EXPLAIN EACH "YES" ANSWER BELOW:

- Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? Yes No
If so, explain
- Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? Yes No
If so, explain
- Name of last or Present aircraft insurance company: _____ Expiration Date: _____

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.

All particulars herein are warranted true and complete to the best of my/our 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.

Applicants Signature _____ Date _____

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

(This Applicant's insurance agent may not sign this Application for the Applicant.)