



(Check which is desired)  A QUOTATION  INSURANCE  RENEWAL POLICY

NAME OF APPLICANT: STREET ADDRESS: CITY/STATE/ZIP:	PHONE: RESIDENCE: PHONE: BUSINESS: E-MAIL ADDRESS:
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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.

<b>LIABILITY COVERAGE:</b>	<b>LIMITS OF LIABILITY DESI RED</b> Each Person	Each Occurrence
SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	<input type="checkbox"/> \$100,000 <input type="checkbox"/> No Limit	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000

**ADDITIONAL INSURED COVERAGE NEEDED (i.e. Airport / Hanger)**

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	TOTAL AIRFRAME TIME
		CREW	PASS		NEW OR USED	DATE				
1.										
2.										

<b>FLOATS:</b> <input type="checkbox"/> Straight Floats <input type="checkbox"/> Amphibious  YEAR, MAKE AND MODEL:  CURRENT VALUE: \$	Is aircraft operated on wheels during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No  Dates on wheels:	Is aircraft operated on skis during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No  Dates on skis:
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<b>HULL COVERAGE:</b>	AMOUNT OF INSURANCE	Is aircraft operational and Airworthiness Certificate in full force and effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> ALL RISKS WHILE IN MOTION AND NOT IN MOTION (Required if current lien on aircraft)	\$ (1)	If "No" explain on separate paper
<input type="checkbox"/> GROUND, NOT IN MOTION  <input type="checkbox"/> LIABILITY ONLY	\$ (2)	Is the aircraft operated under a FAA Standard Airworthiness Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No" explain on separate paper
Aircraft is: <input type="checkbox"/> Hangered <input type="checkbox"/> Tied-down <input type="checkbox"/> Moored ID / Seaplane Base:	Airport  <input type="checkbox"/> PUBLIC AIRPORT  <input type="checkbox"/> PRIVATE AIRPORT	TOWER <input type="checkbox"/> Yes <input type="checkbox"/> No      RUNWAYS <input type="checkbox"/> Yes <input type="checkbox"/> No RUNWAY <input type="checkbox"/> Yes <input type="checkbox"/> No      PAVED LIGHTS      Length:      FT.
City/State:		

**APPLICANT IS:**

Sole Owner of aircraft without encumbrance       Lienholder or Lessor:  
 Street Address of Lienholder or Lessor:  
 Sole Owner under mortgage or other encumbrance      City/State/Zip of Liendholder or Lessor:  
 Lessee: (Identify Lessor and attach terms of lease)      "Breach of Warranty" is Needed  Not Needed

Lien Balance \$ (APPLICABLE IF BREACH OF WARRANTY IS NEEDED)

**PURPOSE OF USE:**

Pleasure or  Business (not flown by professional pilots employed for this purpose)  Other Uses :

Pilots		Pilot Certificates and Ratings										Logged Pilot in Command Hours						
NAME	AGE	STUDENT	PRIVATE	COMMERCIAL	AMEL	INSTRUMENT	ATP	ROTOR	SEA	OTHER	TOTAL TIME AIRPLANE	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL MULTI ENGINE	TOTAL ROTOR-WING	TOTAL TURBINE	TOTAL IN MODEL TO BE INSURED	TOTAL IN ALL AIRCRAFT PAST 12 MONTHS
1)		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Pilot No.	FAA Pilot Certification No.	Medical Certificate Date of Physical / Class	Date of Last BFR	Any Additional Training	Date Attended
1)					
2)					
3)					

SEAPLANE:			Total Time in Aircraft Model To Be Insured	
Pilot No.	Total Seaplane Hours	Total Amphibious Hours	Sea Operations	Land Operations
1)				
2)				
3)				

**Aviation Organization Membership Number(s)**

<b>AOPA:</b>	<b>EAA:</b>	<b>OTHER:</b>
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- Do any pilots named above have any: (a) physical impairments?  Yes  No  
(b) Waivers, limitations, conditions attached to their medical certificates?  Yes  No
- Has a FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked?  Yes  No  
If so, explain
- Has any Pilot named above ever been cited for any violation of Federal Air Regulations?  Yes  No  
If so, explain
- Has any Pilot named above ever been involved in any aircraft accident?  Yes  No  
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?  Yes  No If so, explain
- Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs?  Yes  No

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