

AIRCRAFT INSURANCE APPLICATION  
 (888)-749-USAF (8723) FAX (802)-434-3082



PO BOX 999 RICHMOND, VT 05477-0999  
 WWW.USAIRCRAFTFINANCE.COM

(Check which is desired)  A QUOTATION  INSURANCE  RENEWAL POLICY

NAME OF APPLICANT: STREET ADDRESS: CITY/STATE/ZIP:	PHONE-HOME/CELL: PHONE-BUSINESS: EMAIL ADDRESS:
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BUSINESS OR OCCUPATION OF APPLICANT:

APPLICANT IS:  INDIVIDUAL(S)  CORPORATION  PARTNERSHIP  OTHER

Pilot's date of birth: \_\_\_\_\_ INSURANCE REQUESTED FROM 12:01 A.M. \_\_\_\_\_ TO 12:01 A.M. \_\_\_\_\_

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input checked="" type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: <i>THIS IS STANDARD COVERAGE</i>	\$100,000	\$1,000,000

ADDITIONAL 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>HULL COVERAGE</b>	<b>AMOUNT OF INSURANCE</b>	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	\$	Is the aircraft operated under a FAA Standard Airworthiness Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain on separate paper
<input type="checkbox"/> GROUND, NOT IN MOTION	\$	

Aircraft based and  Hangared  Tied-down at:

Airport: \_\_\_\_\_

City/State: \_\_\_\_\_

PUBLIC AIRPORT      TOWER  Yes  No      RUNWAYS  Yes  No PAVED

PRIVATE AIRPORT      RUNWAY  Yes  No      Length: \_\_\_\_\_

LIGHTS

APPLICANT IS:  Sole Owner of aircraft without encumbrance  Lienholder or Lessor: US Aircraft Finance LLC ISAA/ATIMA

Sole Owner under mortgage or other encumbrance      Street Address of Lienholder or Lessor: 65 Millet St

Lessee: (Identify Lessor and attach terms of lease)      City/State/Zip of Lienholder or Lessor: Richmond, VT 05477

"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	Fixed Wing Only Pilot Certificates and Ratings							Logged Pilot in Command Hours							
		STUDENT	PRIVATE	COMMERCIAL	AMEL	INSTRUMENT	ATP	ROTOR	OTHER	TOTAL TIME AIRPLANE	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"/>								

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

**INSURED MEMBERSHIP # (AOPA, EAA, etc.)** **AOPA –** **EAA –** **ABS -**  
**CPA –** **MA –** **PA –** **SPA –**

- 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  
 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 \_\_\_\_\_

**If you have an electronic signature, you may add it above. If you do not, please type in your name and we will contact you for your signature later.**

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.)

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Pilot's DOB 1: \_\_\_\_\_  
Pilot's DOB 2: \_\_\_\_\_  
Pilot's DOB 3: \_\_\_\_\_

In the last year, have any modifications been made to the aircraft such as avionics or other upgrades?

- Yes (If yes, please forward any applicable invoices)
- No

**Please indicate by checking the appropriate boxes if any apply to you or your aircraft for a possible discount:**  
**Aircraft Requirements:**

- IFR- Certified GPS
- Moving Map Display
- 2-Axis Autopilot

Plus, two of the following systems installed on-board and operational (Please check all that apply):

- Terrain awareness equipment such as TAWS, GPWS, or EGPWS
- Traffic avoidance (TCAS)
- Weather monitoring equipment such as stormscope, datalink, or radar
- Advanced fuel management system such as a Fuel Totalizer
- RNP Capability

**Pilot Requirements:**

- Private or more advanced pilot certificate with an instrument rating
- Completion of an IPC (Instrument Proficiency Check) as described by part 61.57(d) of the Federal Aviation Regulations within the previous twelve (12) months and annually thereafter in the make and model aircraft to be operated.

If yes, Date of First IPC Completion: \_\_\_\_\_  
Date of Current IPC Completion: \_\_\_\_\_

- Attend/complete 1 of 5 ASF Courses in the preceding 12 calendar months related to: (Please check all that apply)
  - Single Pilot IFR
  - Datalink
  - Thunderstorms
  - IFR GPS
  - Runway Safety