



Fields marked with an * are required

(Check which is desired) INSURANCE RENEWAL POLICY

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

APPLICANT IS: * INDIVIDUAL(S) CORPORATION PARTNERSHIP OTHER
Pilot's date of birth: * INSURANCE REQUESTED FROM 12:01am on To 12:01am

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

AIRCRAFT:

YEAR, MAKE, MODEL*	FAAREG. 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 LAST MAJOR OVERHAUL	TOTAL AIRFRAME TIME
		CREW	PASS		NEW OR USED	DATE				
1.										
2.										

HULL COVERAGE	AMOUNT OF INSURANCE*	
ALL RISKS WHILE IN MOTION AND NOT IN MOTION	\$	*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
GROUND, 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
	\$	

*Aircraft based and Hangared Tied-down at: Airport:
City/State:

PUBLIC AIRPORT*
 PRIVATE AIRPORT*

*TOWER Yes No
*RUNWAYS PAVED Yes No
*RUNWAY LIGHTS Yes No Length:

APPLICANT IS:

- Sole Owner of aircraft without encumbrance
- Sole Owner under mortgage or other encumbrance
- Lessee: (Identify Lessor and attach terms of lease)

Lienholder or Lessor: US Aircraft Finance LLC ISAA/ATIMA
Address: 65 Millet St, Richmond, VT 05477
 OTHER

"Breach of Warranty" is Needed

Lien Balance (Required) \$

IMPORTANT: COMPLETE ALL ITEMS ON BOTH PAGES

PURPOSE OF USE: (check all applicable uses) (*must check at least 1)
 Pleasure or Business (not flown by professional pilots employed for this purpose)
 Corporate – Executive (flown only by professional pilots employed for this purpose)
 Passenger Carrying For Hire (Charter/Air Taxi) Air Ambulance (Charter/Air Taxi)
 Pipeline/powerline Patrol Banner Towing Crop Dusting

(Check all applicable uses)
 Instruction - Rental- (Commercial)
 Flying Club - Photography - (Commercial)
 Freight Carrying For Hire (Charter/Air Taxi)

List all other Uses not indicated above (explain):

Fixed Wing Only Pilot Certificate and Ratings*

Logged Pilot in Command Hours

Name*	Age*	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	TOTAL IN ALL AIRCRAFT PAST 12 MONTHS

*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-** _____

- 1) Do any pilots named above any: (a) physical impairments? Yes No
 (b) waivers, limitations, conditions attached to their medical certificates? Yes No If yes, explain:
- 2) Has a FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? Yes No
 If so, explain
- 3) Has any Pilot named above ever been cited for any violation of Federal Air Regulations? Yes No
 If so, explain
- 4) Has any Pilot named above ever been involved in any aircraft accident? Yes No
 If so, explain
- 5) 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
- 6) Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs or convicted of a felony?
 Yes No If so, explain

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

- 1) Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? Yes No
 If so, explain
- 2) Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? Yes No
 If so, explain
- 3) 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 10< the Applicant.)

AIRCRAFT INSURANCE APPLICATION
1 (888)-654-USAF (8723) FAX (802)-434-3082



65 MILLET ST., SUITE 103 RICHMOND VT 05477
PO BOX 999 RICHMOND, VT 05477-0999
WWW.USAIRCRAFTFINANCE.COM

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