

Aircraft Insurance Application

NAME OF APPLICANT:*			
STREET ADDRESS:*		PHONE - HOME/CELL:*	
CITY/STATE/ZIP:*		PHONE - BUSINESS:	
APPLICANT IS:*	<input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> _____	E-MAIL ADDRESS:
INSURED MEMBERSHIP # (AOPA,EAA,ETC.)			
AOPA - _____		EAA - _____	
CPA - _____		PA - _____	
MA - _____		ABS - _____	
SPA - _____			
INSURANCE REQUESTED FROM 12:01AM <input style="width: 100px;" type="text" value=" / / "/> TO 12:01AM <input style="width: 100px;" type="text" value=" / / "/>			
LIABILITY COVERAGE		LIMITS OF LIABILITY DESIRED	
		EACH PERSON	EACH OCCURENCE
<input checked="" type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: <u>THIS IS STANDARD COVERAGE *</u>		<input type="checkbox"/> \$100,000 <input type="checkbox"/> SMOOTH <input type="checkbox"/> <input style="width: 100px;" type="text"/>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> <input style="width: 100px;" type="text"/>
ADDITIONAL INSURED NEEDED (I.E. AIRPORT / HANGAR)*		ADDRESS OF NEEDED INSURED:	

AIRCRAFT:							
YEAR, MAKE, MODEL*	FAA REG. NUMBER*	SEATING CAPACITY*	LAND (L) SEA (S) AMP (A)*	PURCHASED DATE	PURCHASE PRICE	ENGINE HRS.SINCE NEW OR LAST MAJOR OVERHAUL	TOTAL AIRFRAME TIME
		CREW PASS					

HULL COVERAGE	INSURED VALUE	<input type="checkbox"/> PUBLIC AIRPORT*
<input type="checkbox"/> ALL RISKS WHILE IN MOTION AND NOT IN MOTION	\$: _____	<input type="checkbox"/> PRIVATE AIRPORT*
<input type="checkbox"/> GROUND, NOT IN MOTION		*AIRCRAFT BASED AND <input type="checkbox"/> HANGARED <input type="checkbox"/> TIED-DOWN AT AIRPORT: <input style="width: 100px;" type="text"/>
*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	*IS THE AIRCRAFT OPERATED UNDER A FAA STANDARD AIRWORTHINESS CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF" NO" EXPLAIN ON SEPARATE PAPER	*TOWER: <input type="checkbox"/> YES <input type="checkbox"/> NO *RUNWAYS PAVED <input type="checkbox"/> YES <input type="checkbox"/> NO *RUNWAY LIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO LENGTH: _____

APPLICANT IS:	<input type="checkbox"/> SOLE OWNER OF AIRCRAFT WITHOUT ENCUMBRANCE <input type="checkbox"/> SOLE OWNER UNDER MORTGAGE OR OTHER ENCUMBRANCE <input type="checkbox"/> LESSEE: (IDENTIFY LESSOR AND ATTACH TERMS OF LEASE)	<input type="checkbox"/> LIENHOLDER OR LESSOR: US AIRCRAFT FINANCE LLC ISAA/ATIMA ADDRESS: P.O. BOX 999, RICHMOND, VT 05477 <input type="checkbox"/> OTHER NAME: ADDRESS: <input type="checkbox"/> BREACH OF WARRANTY IS NEEDED
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IMPORTANT: COMPLETE ALL ITEMS ON BOTH PAGES

PURPOSE OF USE: (CHECK ALL APPLICABLE USES) (*MUST CHECK AT LEAST 1)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> PLEASURE/BUSINESS (NOT FLOWN BY PROFESSIONAL PILOTS) | <input type="checkbox"/> INSTRUCTIONAL | <input type="checkbox"/> BANNER TOWING | <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 | <input type="checkbox"/> CROP DUSTING |
| | | <input type="checkbox"/> PIPELINE/POWERLINE PATROL | |

Please Indicate Logged Pilot In Command (Not Training Hours)

PILOT 1:

NAME*										DOB:							
STUDENT	PRIVATE	COMMERCIAL	AMEL	INSTRUMENT	ATP	ROTOR	OTHER	TOTAL MULTI ENGINE	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL ROTOR - WING	TOTAL TURBINE	TOTAL IN AIRCRAFT MODEL TO BE INSURED	TOTAL TIME IN ALL AIRCRAFT	TOTAL IN ALL AIRCRAFT PAST 12 MONTHS	TOTAL IN MAKE + MODEL PAST 12 MONTHS	
FAA PILOT CERTIFICATION NO.					*MEDICAL CERTIFICATE DATE OF PHYSICAL/CLASS					*DATE OF LAST BFR		*ANY ADDITIONAL TRAINING		*DATE ATTENDED			

PILOT 2:

NAME*										DOB:							
STUDENT	PRIVATE	COMMERCIAL	AMEL	INSTRUMENT	ATP	ROTOR	OTHER	TOTAL MULTI ENGINE	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL ROTOR - WING	TOTAL TURBINE	TOTAL IN AIRCRAFT MODEL TO BE INSURED	TOTAL TIME IN ALL AIRCRAFT	TOTAL IN ALL AIRCRAFT PAST 12 MONTHS	TOTAL IN MAKE + MODEL PAST 12 MONTHS	
FAA PILOT CERTIFICATION NO.					*MEDICAL CERTIFICATE DATE OF PHYSICAL/CLASS					*DATE OF LAST BFR		*ANY ADDITIONAL TRAINING		*DATE ATTENDED			

PILOT 3:

NAME*										DOB:							
STUDENT	PRIVATE	COMMERCIAL	AMEL	INSTRUMENT	ATP	ROTOR	OTHER	TOTAL MULTI ENGINE	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL ROTOR - WING	TOTAL TURBINE	TOTAL IN AIRCRAFT MODEL TO BE INSURED	TOTAL TIME IN ALL AIRCRAFT	TOTAL IN ALL AIRCRAFT PAST 12 MONTHS	TOTAL IN MAKE + MODEL PAST 12 MONTHS	
FAA PILOT CERTIFICATION NO.					*MEDICAL CERTIFICATE DATE OF PHYSICAL/CLASS					*DATE OF LAST BFR		*ANY ADDITIONAL TRAINING		*DATE ATTENDED			

1) DO ANY PILOTS NAMED HAVE ANY: (A) PHYSICAL IMPAIRMENTS? YES NO WHICH PILOT? _____
 (B) WAIVERS, LIMITATIONS, CONDITIONS ATTACHED TO THEIR MEDICAL CERTIFICATES YES NO IF YES, EXPLAIN: _____

2) HAS AN FAA OR MILITARY PILOT CERTIFICATE HELD BY ANY PILOT NAMED EVER BEEN SUSPENDED OR REVOKED? YES NO
 IF SO, EXPLAIN _____ WHICH PILOT? _____

3) HAS ANY PILOT NAMED EVER BEEN CITED FOR ANY VIOLATION OF FEDERAL AIR REGULATIONS?
 IF SO, EXPLAIN _____ YES NO
 WHICH PILOT? _____

4) HAS ANY PILOT NAMED EVER BEEN INVOLVED IN ANY AIRCRAFT ACCIDENT?
 IF SO, EXPLAIN _____ YES NO
 WHICH PILOT? _____

5) HAS ANY APPLICANT, OFFICER, PARTNER THEREOF OR PILOT NAMED EVER BEEN CONVICTED OR BEEN ARRESTED FOR A FELONY, DRUNK OR RECKLESS DRIVING?
 YES NO IF SO, EXPLAIN: _____ WHICH PILOT? _____

6) AS ANY APPLICANT, OFFICER, PARTNER THEREOF OR PILOT NAMED EVER BEEN CONVICTED OR UNDER INDICTMENT IN A LEGAL ACTION INVOLVING DRUGS?
 YES NO IF SO, EXPLAIN: _____ WHICH PILOT? _____

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

1) HAS ANY PILOT HAD ANY AIRCRAFT/AVIATION LOSSES, CLAIMS OR INCIDENTS DURING THE LAST FIVE YEARS?
 IF SO, EXPLAIN _____ YES NO
 WHICH PILOT? _____

2) HAS ANY INSURER CANCELLED, DECLINED, SENT NOTICE OF CANCELLATION, OR REFUSED TO RENEW ANY AVIATION INSURANCE?
 IF SO, EXPLAIN _____ YES NO
 WHICH PILOT? _____

3) NAME OF LAST OR PRESENT AIRCRAFT INSURANCE COMPANY: * _____ EXPIRATION DATE*: _____

The Following Section Is Included For Possible Discounted Rates:

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

DOES THE AIRCRAFT HAVE ANY OF THE FOLLOWING?

IFR- CERTIFIED GPS
 MOVING MAP DISPLAY
 2-AXIS AUOTOPILOT

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

ATTENDED/COMPLETED 1 OF 5 ASF COURSES IN THE PRECEDING 12 CALENDAR MONTHS RELATED TO: (PLEASE CHECK ALL THAT APPLY)

SINGLE PILOT IFR DATE: _____
 DATALINK DATE: _____
 THUNDERSTORMS DATE: _____
 IFR GPS DATE: _____
 RUNWAY SAFETY DATE: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.