

Aircraft Insurance Application

Applicant's Name _____

Mailing Address _____

Effective from _____ until _____ Both at 12:01 AM standard time at the address above.

Business of Applicant _____

Number of Years in Business _____

Former Business Names _____

Applicant is: Individual(s) Partnership Corporation Holding Company Government

Other (describe) _____ and is owned, controlled, or a subsidiary of _____

Is Applicant incorporated solely for ownership of the aircraft? Yes No

Is applicant IS - BAO certified? Yes No

Does applicant meet Wyvern, Argus Safety Audit Standards or any other safety audit guideline? Yes No

What is the name of the auditing organization? _____

LIABILITY COVERAGE	Limits of Liability Requested	
	Each Person	Each Occurrence
Bodily Injury Liability Excluding Passengers	\$	\$
Property Damage Liability		\$
Passenger Bodily Injury Liability	\$	\$
Single Limit _____ including Passengers With Passenger Liability Limited To:	X \$	\$
Medical Payments Crew is: included excluded	\$	\$ X
Other Liability (Specify) _____	\$	\$

PHYSICAL DAMAGE COVERAGE	Amount of Insurance (must be equal to current market)	Deductible
All Risk: Ground and Flight	\$	In Motion-Ingestion-Moored \$1,000 \$ 500 \$ 250 \$ Other _____ Not in Motion: \$ _____
All Risk: Not in Flight	\$	
All Risk: Not in Motion	\$	

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CHEMICAL LIABILITY COVERAGE "AERIAL APPLICATION ONLY"	Limits of Liability Requested		
Bodily Injury Liability Excluding Passengers	Each Person	Each Occurrence	Aggregate Limit
Property Damage Liability			
Single Limit Property Damage & Bodily Injury, Excluding Passengers			
Check Appropriate	XC-seeds and fertilizers only	RC - Restricted Chemical	Picloram
Chemical Category	Farmer/Owner/Grower	Adjacent Fields	Crops Treated
	CC-Comprehensive Chemical, including		
P.D. Claims Reimbursement:	\$ _____ each occurrence arising from chemicals		
	\$ _____ arising from other than chemical		

<p>AIRCRAFT</p> <p>If Airworthiness Certificate is other than Standard or Normal, please indicate category: _____</p> <p>Describe any STC's, modifications or unrepaired damage: _____</p> <p>_____</p>
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<p>1. Make and Model _____ Year _____ Registration Number _____</p> <p>Seating Capacity: Crew: _____ Passenger: _____ Purchased New Used Date: _____</p> <p>Price Paid By Applicant(include extras): \$ _____</p> <p>Present Estimated Value(include extras): \$ _____</p> <p>Engine Hours, since new, or since last major overhaul _____</p>
<p>2. Make and Model _____ Year _____ Registration Number _____</p> <p>Seating Capacity: Crew: _____ Passenger: _____ Purchased New Used Date: _____</p> <p>Price Paid By Applicant(include extras): \$ _____</p> <p>Present Estimated Value(include extras): \$ _____</p> <p>Engine Hours, since new, or since last major overhaul _____</p>
<p>2. Make and Model _____ Year _____ Registration Number _____</p> <p>Seating Capacity: Crew: _____ Passenger: _____ Purchased New Used Date: _____</p> <p>Price Paid By Applicant(include extras): \$ _____</p> <p>Present Estimated Value(include extras): \$ _____</p> <p>Engine Hours, since new, or since last major overhaul _____</p>

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Aircraft usually based at _____

(Name of Home Airport, give details of runway length, construction & all obstructions)

Hangared _____ Tied-out _____

Estimate hours to be flown in the upcoming 12 months: _____

Estimate average pax load for the upcoming 12 months: _____

If your aircraft is managed by others, please identify the aircraft manager: _____

Who employs the aircraft manager? _____

Who employs your pilots? _____

Name and describe relationship to the named insured: _____

Does Applicant hangar, service, repair or crew other aircraft? _____ Describe _____

Are any unapproved airports or unpaved runways used? Yes No

Please describe _____

Is any aircraft registered under other names than Applicant's name above? Yes No

Please describe _____

What foreign destinations do you plan to travel to in the next 12 months? _____

List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. List attached

Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? Yes No

Applicant is: Sole Owner of the aircraft Owner subject to mortgage or conditional sales contract

Other - explain: _____

If aircraft is mortgaged, please list name and address of mortgagee: _____

Amount of mortgage (excluding interest and finance charges): \$ _____

Will Breach of Warranty Coverage be required by mortgagee? \$ _____

Are any other Aircraft owned by, rented or used by or on behalf of Applicant? Yes No

Model _____

Uses _____

of hours per year _____

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PILOTS NAMES

All pilots who will regularly operate the insured aircraft must complete a "PILOT QUALIFICATIONS" form:

PURPOSE OF USE

CHECK ALL APPLICABLE USES

Pleasure or	Business (not flown by professional pilots employed for this purpose)	
Corporate- Executive	(flown only by professional pilots employed for this purpose)	
Instruction	Rental (Commercial)	Pipeline/Powerline Patrol
Flying Club	Photography	Banner Towing

Passenger Carrying for Hire (Charter/Air Taxi)

Air Ambulance (Charter/Air Taxi)

Freight Carrying (Charter/Air Taxi)

Aerial Application (see below)

List all other uses not indicated above (explain) _____

AERIAL APPLICATION ONLY

Please fill out this section if you have checked "Aerial Application" under the PURPOSE OF USE Section above

List all states where you conduct aerial application _____

Describe applicants violation of any law or regulation governing aerial application operations _____

Describe any owned/operated ground spraying equipment and type of use _____

Show the percentage each represents to the total:

Application of Glyphosate ____% Piclorams ____% Hormone Herbicides ____% Insecticides ____% Other ____%

Application to Orchards/Groves ____% Vineyards ____% Forest/Tree Farms ____% Exotic Fruits/Vegetables ____% Other ____%

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Name of last Aircraft insurance carrier (if none so state) _____ Exp. Date _____
Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years _____
Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes No
If so, explain. (Note: Missouri applicants Do Not Respond) _____

FRAUD WARNINGS

NOTICE TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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FRAUD WARNINGS CONTINUED

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OR AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10,36 3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

Applicant's Signature

Today's Date

(Producer will fill in this information)

Producer _____

Address _____

E-mail Address _____

Telephone No. _____ Fax No. _____