AEROSPACE INSURANCE MANAGERS

Aircraft ***Insurance Application***

Policy/Quote No. _____ Insurance Company:

☐ Quotation ☐ Insurance ☐ Binder

1 Name of Applicant: _____

2 Address: _____

City _____ State _____ Zip Code _____

Mailing Address (if different): _____

City _____ State _____ Zip Code _____

3 Phone Off: _____ Res. _____ Fax _____

4 Occupation of Applicant is: _____

Applicant is a(n): ☐ Individual ☐ Business Corporation ☐ Holding Corporation ☐ Partnership ☐ LLC ☐ Other (specify): _____

If a corporation, partnership or limited liability organization formed for the primary purpose of ownership of the aircraft, please list all partners, shareholders, members, officers and/or directors:

5 Additional Insured: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Off: _____ Res. _____ Fax _____

Interest of Additional Insured _____

6 Present Insurance Company _____ Expiration Date _____

7 Insurance Requested from _____ to _____ 12:01 A.M. Local Time at Applicant's Address

8 Aircraft will be ☐ Hangared ☐ Tied Down at _____

located at (City & State):

9 ***Liability and Medical Payments Coverage***	***Limit of Coverage***	***Premium*** COMPANY USE ONLY
☐ D. Single Limit Bodily Injury & Property Damage cluding Passenger Bodily Injury	$ Each Occurrence	$
☐ DL Single Limit Bodily Injury & Property Damage Including Limited Passenger Bodily Injury	$ Each Occurrence Passenger Bodily Injury Limited to: $ Each Passenger	$
☐ E. Medical Expense Coverage	$ Each Person $ Each Occurrence	$
☐ Other:		$

10 ***Aircraft Description & Physical Damage Coverage*** ***Liability Premium Total*** ***$*** _____

	FAA No.	Make & Model	Yr. Built	Total Seats	Type*	Coverage**	Agreed Value	Deductibles NIM	Deductibles IM	***Premium***
A										$
B	SEE AIRCRAFT SCHEDULE									$

* L - Landplane R - Rotorcraft A - Amphibian S - Seaplane E - Experimental

Physical Damage Premium Total ***$*** _____

**Physical Damage Coverage Codes:

F Aircraft Physical Damage Coverage Not In Motion

G Aircraft Physical Damage Coverage In Motion

Other Premium / Tax ***$*** _____

TOTAL ANNUAL PREMIUM ***$*** _____

11 Purpose of Use: ☐ Pleasure & Business ☐ Instruction & Rental ☐ Air Charter ☐ Flying Club ☐ Special Use (Specify): _____

12 Applicant's interest in the Aircraft is: ☐ Sole Owner ☐ Sole Owner Subject to Lienholder's Security Interest ☐ Lessee

Lienholder and/or Lessor Information: Lienholder's Interest Endt. Required? ☐ Yes ☐ No

Lienholder _____ Lessor _____

Address _____ Address _____

City, ST & Zip _____ City, ST & Zip _____

Phone: _____ Fax _____ Phone: _____ Fax _____

13 A. Has Applicant had any aircraft/aviation claims or losses within the last 3 years? ☐ Yes ☐ No

B. Has any insurance company cancelled, declined or refused to renew any aviation insurance for Applicant? ☐ Yes ☐ No

(Missouri applicants: Do NOT answer question 13.B.)

Please explain any "yes" answers in the space below (use additional sheets if necessary):

14 ***Pilot Information*** *Please attach a Pilot History Form (Form GA107) for each pilot who will operate the aircraft in flight.*

I/WE CONFIRM THAT ALL THE INFORMATION GIVEN IN HIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND THAT NO INFORMATION HAS BEEN WITHHELD OR SUPPRESSED. I AGREE THAT THIS APPLICATION AND THE TERMS OF ANY CONDITIONS OF THE POLICY IN USE BY THE INSURER SHALL BE THE BASIS FOR ANY CONTRACT BETWEEN ME/US AND THE INSURER.

NOTICE TO APPLICANTS:
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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 Agencies.

NOTICE TO FLORIDA AND OKLAHOMA 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 (of the third degree)*. *Applies in FL Only.

NOTICE TO KANSAS APPLICANTS:
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY, NEW YORK, OHIO AND 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

NOTICE TO MAINE, 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 (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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 OREGON APPLICANTS:
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicant's Signature: _____ Date _____

Applicant's Name (Print): _____ Title: _____

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.

Aircraft Description Schedule & Physical Damage Coverage

	FAA No.	Make & Model	Yr. Built	Total Seats	Type*	Coverage**	Agreed Value	Deductibles NIM	Deductibles IM	***Premium***
1										$
2										$
3										$
4										$
5										$
6										$
7										$
8										$
9										$
10										$
11										$
12										$
							TOTAL AIRCRAFT PHYSICAL DAMAGE PREMIUM			$

* L - Landplane R - Rotorcraft A - Amphibian S - Seaplane E - Experimental

**Physical Damage Coverage Codes: F - Aircraft Physical Damage Not In Motion G - Aircraft Physical Damage In Motion

Lienholder Interest Information

	FAA No.	LIENHOLDER	LIENHOLDER ADDRESS	LIENHOLDER'S INTEREST ENDT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Leased Aircraft Information

	FAA No.	LESSOR NAME	LESSOR ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Additional Information: