

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? _____
 Is applicant IS - BAO certified? _____
 Does applicant meet Wyvern, Argus Safety Audit Standards or any other safety audit guideline? _____
 What is the name of the auditing organization? _____

LIABILITY COVERAGE	Limits of Liability Requested	
	Each Person	Each Occurrence
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$	\$
<input type="checkbox"/> Property Damage Liability		\$
<input type="checkbox"/> Passenger Bodily Injury Liability	\$	\$
<input type="checkbox"/> Single Limit _____ cluding Passengers With Passenger Liability Limited To:	\$	\$
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$	\$
<input type="checkbox"/> Other Liability (Specify) _____	\$	\$

CHEMICAL LIABILITY COVERAGE "AERIAL APPLICATION ONLY"	Limits of Liability Requested		
	Each Person	Each Occurrence	Aggregate Limit
Bodily Injury Liability Excluding Passengers	\$	\$	\$
Property Damage Liability	Not Applicable	\$	\$
Single Limit Property Damage & Bodily Injury, Excluding Passengers	Not Applicable	\$	\$

Check Appropriate XC-seeds and fertilizers only RC - Restricted Chemical
 Chemical Category CC-Comprehensive Chemical, including Farmer/Owner/Grower Adjacent Fields Crops Treated Pictoram
 P.D. Claims Reimbursement: \$_____ each occurrence arising from chemicals \$_____ arising from other than chemicals

PHYSICAL DAMAGE COVERAGE	Amount of Insurance (must be equal to current market value)	Deductibles
<input type="checkbox"/> All Risk: Ground and Flight	\$	IN MOTION INGESTION MOORED <input type="checkbox"/> \$ 1000. <input type="checkbox"/> \$ 500. <input type="checkbox"/> \$ 250. <input type="checkbox"/> \$ _____ Any Other _____ NOT IN MOTION \$ _____
<input type="checkbox"/> All Risk: Not in Flight	\$	
<input type="checkbox"/> All Risk: Not in Motion	\$	

CONTINUED ON REVERSE SIDE

AIRCRAFT If Airworthiness Certificate is other than Standard or Normal, please indicate category: _____

Describe any STC's, modifications or unrepaired damage: _____

Make & Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib (A) Rotorwing (R)	Purchased		Price Paid By Applicant (inc. Extras)	Present Estimated Value (inc. Extras)	Engine Hrs. since new, or since last major overhaul
			Crew	Pass.		New or Used	Date			
1										
2										

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? Describe _____

Is any aircraft registered under other names than Applicant's name above? 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? _____

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

Other - explain _____

If aircraft is mortgaged, 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? _____

Model Aircraft _____ Uses _____ No. of hours per year _____

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) | Instruction Rental (Commercial)

Corporate- Executive (flown only by professional pilots employed for this purpose) | Flying Club | Photography

Passenger Carrying for Hire (Charter/Air Taxi) Air Ambulance (Charter/Air Taxi) Freight Carrying (Charter/Air Taxi)

Pipeline/Powerline Patrol Banner Towing | 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 ____%

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 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.

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.

FRAUD WARNINGS CONTINUED

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 OF 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.

9/09 edition

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.

X

Applicant's Signature

Today's Date

(Producer will fill in this information)

Producer _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____

PILOT QUALIFICATIONS

Named Insured _____ Make & Model Aircraft to be Flown _____

Your Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Occupation _____ Show percent of work time spent on non-flying duties _____%

Employed by _____ Since _____ Full time Part Time

Address _____
STREET CITY STATE-PROVINCE ZIP/POSTAL CODE

Business Phone (_____) _____ Home Phone (_____) _____

List previous employers and position for last 5 year _____

AIRMAN CERTIFICATE NUMBER

Number: _____

Limitations: _____

MEDICAL:

Class: _____

Expiration Date: _____

Limitations: _____

CURRENT CERTIFICATES AND RATINGS

Student: Since _____ DATE Instrument

Private Single Engine-Land

Commercial Single Engine - Sea

Airline (ATP) Center Line Thrust

Rotorcraft Multi-Engine, Land

Multi Engine, Sea

Instructor _____ CLASS

Type rated in _____ TYPE OF AIRCRAFT

Glider

Light Sport Aircraft

A&P Mechanic

Other _____

Date of last logged satisfactorily accomplished Biennial Flight Review _____ Make and model _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam _____ Make and model _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check _____ Make and model _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School	Type of Aircraft	Date	Graduated
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			
LEVEL OF SIMULATOR TRAINING COMPLETED _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			
LEVEL OF SIMULATOR TRAINING COMPLETED _____			

AERIAL APPLICATOR

Number of years experience as an aerial applicator pilot _____ Total hours applying: Herbicides _____ Insecticides _____

List states you are currently licensed to conduct aerial application: _____

Explain any suspension or revocation of any state aerial applicator certificate held by you: _____

CONTINUED ON REVERSE SIDE

Total Logged Pilot-In-Command hours for all aircraft _____

Total Logged hours in all aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS						CO-PILOT HOURS
CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	
INSURED MAKE AND MODEL						
SINGLE-ENGINE FIXED GEAR						
SINGLE-ENGINE RETRACTABLE						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER-RECIP -TURBINE						
-SLING LOAD						
NIGHT VISION DEVICES						
NUMBER OF WATER LANDINGS & TAKEOFFS						

-ANSWER ALL QUESTIONS -

Any person who knowingly and with intent to defraud any insurance company or other person who 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.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever had an aircraft claim, incident or accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been cited or fined for violation of an aviation regulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your pilot certificate ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been convicted of a felony or are you under indictment for a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has your drivers license ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had or been treated for a chemical dependency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you regularly using any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain fully each "Yes" answer _____

USE EXTRA PAGE TO FULLY EXPLAIN

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

X _____
PILOTS SIGNATURE

TODAY'S DATE

Producer _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____ Email Address _____