

# 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 <input type="checkbox"/> 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  Picloram  
 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	\$	

**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 \_\_\_\_\_  Hangared  Tied-out  
(Name of Home Airport, give details of runway length, construction & all obstructions)

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)
- Corporate- Executive (flown only by professional pilots employed for this purpose)
- Passenger Carrying for Hire (Charter/Air Taxi)
- Pipeline/Powerline Patrol
- List all other uses not indicated above (explain) \_\_\_\_\_
- Instruction  Rental (Commercial)
- Flying Club  Photography
- Air Ambulance (Charter/Air Taxi)
- Freight Carrying (Charter/Air Taxi)
- Banner Towing  Aerial Application (see below)

**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)

Would you like a Private Client Group representative to contact you regarding your personal life insurance?  YES  NO

**FRAUD WARNINGS (Last updated 6/15)**

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

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, 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 OF THE THIRD DEGREE.

**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 THAT 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 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 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 MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**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 MEXICO 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 CIVIL FINES AND CRIMINAL 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.

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

*FRAUD WARNINGS CONTINUED*

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 (\*NOT APPLICABLE IN MISSOURI). MONTANA RESIDENTS: PURSUANT TO MONTANA STATUTE 33-15-403, ALL STATEMENTS AND DESCRIPTIONS MADE IN THIS APPLICATION SHALL BE CONSIDERED TO BE REPRESENTATIONS AND NOT WARRANTIES. 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 \_\_\_\_\_