



# Aircraft Insurance Application

There is no coverage if you make any charge, receive any money or any other compensation or reward for use of your aircraft, other than sharing the cost of fuel, oil, landing fees, customs fees or temporary parking for a flight with your passengers. Please contact your insurance agent instead of using this form.

## Applicant's Information

Name of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Business or Occupation of Applicant(s) \_\_\_\_\_

Coverage Effective from \_\_\_\_\_ until \_\_\_\_\_ 12:01 AM standard time at the address above

Applicant is the sole owner of the aircraft, other than \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Are any other aircraft owned by, rented or used by or on behalf of Applicant?	<input type="checkbox"/>	<input type="checkbox"/>

Model aircraft \_\_\_\_\_ Uses \_\_\_\_\_ No. of hours per year \_\_\_\_\_

What will the aircraft be used for? \_\_\_\_\_

How many hours per year? \_\_\_\_\_ Average passenger load? \_\_\_\_\_

	<input type="checkbox"/>	<input type="checkbox"/>
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Has any insurance company cancelled or refused to renew your aircraft insurance?  
(Note: Missouri Applicants. Do not respond)

Please Explain:

Expiration Date of current insurance \_\_\_\_\_ Name of current Insurance Company \_\_\_\_\_

	<input type="checkbox"/>	<input type="checkbox"/>
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Have you had any losses during the past 5 years?

**If yes, please explain on a separate page.**

## Aircraft

Provide home airport identifier or provide the additional information requested:

**Home Airport Identifier:** Airstrip Length \_\_\_\_\_ Ft. Airstrip Width \_\_\_\_\_ Ft. Landing Surface \_\_\_\_\_  
 Obstructions \_\_\_\_\_

	Year/Make/Model	Seats	Annual Hours Flown	Date of Last Annual	Describe Airworthiness if other than Standard	Describe Aircraft Modifications or Unrepaired Damage	Aircraft Hangared/Tied
N#							
N#							
N#							
N#							

**Technological Advancements**

Note the aircraft listed above that contain an IFR approved GPS, moving map display and two or more axis autopilot:  
 Note the aircraft listed above that have terrain awareness, traffic avoidance, fuel totalizer, RNP, WX monitoring (lightning, data link or radar).

N#	Liability Limit \$ _____	Medical Payments \$ _____ Ea. Passenger	Coverage Insured Value		Lien Holder and Address	Lien Amount	
			Flight <input type="checkbox"/>	Ground <input type="checkbox"/>		Loss Payee <input type="checkbox"/>	Breach of Warranty <input type="checkbox"/>
N#	\$ _____	\$ _____ Ea. Passenger	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
N#	\$ _____	\$ _____ Ea. Passenger	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
N#	\$ _____	\$ _____ Ea. Passenger	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
N#	\$ _____	\$ _____ Ea. Passenger	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
N#	\$ _____	\$ _____ Ea. Passenger	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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 unless explained above. 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 \_\_\_\_\_ Date \_\_\_\_\_

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees in writing to effect this insurance. This is not a completed application unless it is accompanied by a pilot history supplement for each pilot named on the policy.

**Producer Information**

Producer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_