



AIRCRAFT HULL AND LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

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

Business of Applicant: _____ Number of years in Business: _____

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

LIABILITY COVERAGES	Limits of Liability Requested	
	Each Person	Each Occurrence
A. Bodily Injury Liability Excluding Passengers	\$	\$
B. Property Damage	XXXXXXXX	\$
C. Passenger Liability	\$	\$
D. Single Limit Bodily Injury & Property Damage Including Passenger Liability Limited to:	XXXXXXXX \$	\$
E. Medical Expense Including Crew	\$	\$

IF REQUESTING ALL RISK: NOT IN MOTION PHYSICAL DAMAGE COVERAGE, PLEASE INDICATE WHICH AIRCRAFT

Description of Aircraft and Physical Damage Coverage Requested

YEAR	MAKE	MODEL	FAA#	CREW SEATS	PASS. SEATS	INSURED VALUE	NOT IN MOTION DEDUCTIBLE	IN MOTION DEDUCTIBLE
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$

Aircraft usually based at:
(Name of Home Airport) _____ Hangared Tied-Out

Does Applicant hangar, service, repair or crew other aircraft? YES NO
If YES, describe: _____

Are any unapproved airports or unpaved runways used? YES NO
If YES, describe: _____

Is any aircraft registered under names other than Applicant's name above? YES NO
If YES, describe: _____

Any flights anticipated outside the United States? _____

Applicant is: Sole Owner of the Aircraft
 Owner subject to mortgage of conditional sales contract
 Other (explain): _____

Is there a mortgage on the aircraft? YES NO. If YES, names of mortgagee: _____

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

Will Breach of Warranty coverage on Aircraft Physical Damage be required by mortgagee? YES NO

Are any other Aircraft owned by, rented or used by or on behalf of Applicant? YES NO

If YES: Model Aircraft _____ Uses _____

PILOT(S) NAMES

All pilots who will regularly operate the insured aircraft please complete a "Pilots History" form. List all names below.

1. _____ 3. _____

2. _____ 4. _____

PURPOSE OF USE (Check all Applicable Uses)

Pleasure and Business (Not flown by professional pilots employed for this purpose)

Corporate – Executive (flown only by professional pilots employed for this purpose)

Instruction Rental Photography

Passenger Carrying for Hire (Part 135 Charter) Air Ambulance (Part 135 Charter)

Freight Carrying (Part 135 Charter)

Banner Towing

List all other uses not indicated above (explain each): _____

Name of last Aircraft Insurance Carrier (if none, please indicate): _____ Exp. Date: _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid, 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 YES, explain. (Note: Missouri applicants Do Not Respond) _____

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. 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 of 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 insurance company 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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or 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 be also 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 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 makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

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 conceal 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 civil and criminal penalties.

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

All particulars herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insured shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATEIRALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant's Signature

Today's Date

To Be Completed By Broker

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____