

# Aero Alliance Insurance Services

## AIRCRAFT INSURANCE APPLICATION

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Business of Applicant \_\_\_\_\_

APPLICANT IS  Individual  Corporation  Partnership  \_\_\_\_\_

Insurance is requested from \_\_\_\_\_ to \_\_\_\_\_

### AIRCRAFT

Is aircraft operational and Airworthiness Certificate in full force and effect?  YES  NO (Explain) \_\_\_\_\_

Is the aircraft operated under a FAA Standard Airworthiness Certificate  YES  NO (Describe category) \_\_\_\_\_

Has aircraft and/or engines been modified?  NO  YES (Explain) \_\_\_\_\_

Is there any unrepaired damage to the aircraft (minor or major)?  NO  YES (Explain) \_\_\_\_\_

| MAKE & MODEL | YEAR | FAA REG. # | SEATING CAP. CREW / PASS | (L) AND (S) EA (A) MP. | PURCH. DATE NEW / USED | PRICE PAID BY APPLICANT INCL. EXTRAS | PRESENT EST. VALUE INCL. EXTRAS | ENG. HRS. NEW OR LAST MAJ. OVERHAUL | ENG. MAKE/ HP |
|--------------|------|------------|--------------------------|------------------------|------------------------|--------------------------------------|---------------------------------|-------------------------------------|---------------|
| 1.           |      |            |                          |                        |                        |                                      |                                 |                                     |               |
| 2.           |      |            |                          |                        |                        |                                      |                                 |                                     |               |
| 3.           |      |            |                          |                        |                        |                                      |                                 |                                     |               |
| 4.           |      |            |                          |                        |                        |                                      |                                 |                                     |               |

### LIABILITY COVERAGE

|   | EACH PERSON   | EACH OCCURRENCE   | LIABILITY PREMIUMS |
|---|---|---|--------------------|
| Bodily Injury - Excluding Passengers  | \$ _____  | \$ _____  | \$ _____           |
| Property Damage   | \$ _____ X _____ X _____                                    | \$ _____  | \$ _____           |
| Passenger Liability   | \$ _____  | \$ _____  | \$ _____           |
| Single Limit BI, PD <input type="checkbox"/> Psgrs Incl. <input type="checkbox"/> Psgrs Excl. | \$ _____ X _____ X _____                                    | \$ _____  | \$ _____           |
|   | <input type="checkbox"/> All bodily injury limited to _____ | <input type="checkbox"/> Passenger liability limited to _____ |                    |
| Medical Expenses  | \$ _____  | \$ _____  | \$ _____           |
| Other Liability   | \$ _____  | \$ _____  | \$ _____           |

### PHYSICAL DAMAGE COVERAGE

| All Risks - Ground & Flight |            |                    | All Risks - Not In Motion |            |                    |
|-----------------------------|------------|--------------------|---------------------------|------------|--------------------|
| AGREED VALUE                | DEDUCTIBLE | LIABILITY PREMIUMS | AGREED VALUE              | DEDUCTIBLE | LIABILITY PREMIUMS |
| 1. \$ _____                 | \$ _____   | \$ _____           | 1. \$ _____               | \$ _____   | \$ _____           |
| 2. \$ _____                 | \$ _____   | \$ _____           | 2. \$ _____               | \$ _____   | \$ _____           |
| 3. \$ _____                 | \$ _____   | \$ _____           | 3. \$ _____               | \$ _____   | \$ _____           |
| 4. \$ _____                 | \$ _____   | \$ _____           | 4. \$ _____               | \$ _____   | \$ _____           |

### PURPOSE OF USE

Pleasure  Business (not flown by professional pilots employed for this purpose)  Instruction & Rental  Flying Club  Photography

Corporate-Executive (flown by professional pilots employed for this purpose)  Patrol Flights  Banner Towing  Crop Dusting

Passenger Carrying - For Hire  Other (Explain) \_\_\_\_\_

APPLICANT IS  Sole Owner  Owner subject to mortgage or conditional sales contract  \_\_\_\_\_

If aircraft is mortgaged, name and address of mortgage \_\_\_\_\_

Amount of mortgage \_\_\_\_\_ Breach of Warranty coverage required? \_\_\_\_\_

**PILOTS FLYING THE AIRCRAFT**

*This information is required for each pilot who will operate the aircraft during the policy term*

| NAME | D.O.B.                       | STU | PVT | COML | ATP | ASEL | AMEL                                       | INST | HELIC | OTHER | TOTAL | A/C MODEL TO BE INSURED | HELIC                          | MULTI ENGINE | RET GEAR | TAILWHEEL EQUIPPED | LAST 12 MOS IN MM TO BE INSURED |  |
|------|------------------------------|-----|-----|------|-----|------|--|------|-------|-------|-------|-------------------------|--------------------------------|--------------|----------|--------------------|---------------------------------|--|
| 1.   |                              |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
| 2.   |                              |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
| 3.   |                              |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
| 4.   |                              |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
|      | FAA Pilot Certificate Number |     |     |      |     |      | Medical Certificate/Date of Physical/Class |      |       |       |       |                         | Date of Biennial Flight Review |              |          |                    |                                 |  |
|      | Pilot #1                     |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
|      | Pilot #2                     |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
|      | Pilot #3                     |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |
|      | Pilot #4                     |     |     |      |     |      |  |      |       |       |       |                         |                                |              |          |                    |                                 |  |

Name & address of pilot's employer if other than the applicant \_\_\_\_\_

For student pilots, name of instructor & flight school \_\_\_\_\_

- Do any pilots named above have any physical impairments, waivers, limitations, or conditions attached to their medical certificate?  NO  YES  
Explain \_\_\_\_\_
- Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked?  NO  YES  
Explain \_\_\_\_\_
- Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action?  NO  YES  
Explain \_\_\_\_\_
- Has any pilot named above ever been involved in any aircraft incident, aviation losses, claims, or incidents?  NO  YES  
Explain \_\_\_\_\_
- Has any pilot named above been convicted of or pleaded guilty to (a) charge of reckless driving/driving under the influence? (b) felony?  NO  YES  
Explain & give date \_\_\_\_\_

**AIRCRAFT OPERATION - OPEN PILOT PROVISIONS REQUESTED**

Number of hours aircraft was flown during PAST 12 MONTHS \_\_\_\_\_ Estimated hours to fly NEXT 12 MONTHS \_\_\_\_\_

Aircraft based and  Hangared  Tied down at Airport \_\_\_\_\_ City, State \_\_\_\_\_ Airport ID \_\_\_\_\_ Length \_\_\_\_\_  
 PUBLIC AIRPORT  PRIVATE AIRPORT TOWER?  YES  NO RUNWAY LIGHTS?  YES  NO PAVED?  YES  NO

Will the aircraft be used at other than public paved airports?  NO  YES Where? \_\_\_\_\_ Purpose? \_\_\_\_\_ Length \_\_\_\_\_

Will the aircraft be operated outside the 48 contiguous states?  NO  YES Where? \_\_\_\_\_ Purpose? \_\_\_\_\_ Freq. \_\_\_\_\_

How frequently does applicant use non-owned aircraft? \_\_\_\_\_

Will aircraft be used in student pilot instruction?  NO  YES Explain \_\_\_\_\_

Are other aircraft owned by applicant?  NO  YES List make(s) & model(s) \_\_\_\_\_

**LOSS HISTORY & PREVIOUS AVIATION INSURANCE**

1. Has applicant had any aircraft/aviation losses, claims, or incidents during the last five years?  NO  YES  
Explain \_\_\_\_\_

2. Has any insurer cancelled, declined, sent notice of cancellation, or refused any new aviation insurance? (Not applicable in Missouri)  NO  YES  
Explain \_\_\_\_\_

3. Name of  LAST or  PRESENT insurance company \_\_\_\_\_ Expiration date \_\_\_\_\_

All particulars herein are warranted true and complete to the best of my 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 insurer 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.

FRAUD WARNING  
(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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.

Arkansas - 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.

Colorado - 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.

District of Columbia - 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.

Florida - 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.

Hawaii - 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.

Kentucky - 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.

Maine - 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.

Maryland - Any person who, with intent to defraud or knowingly that his 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.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York - 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 subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma - 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.

Oregon - Any person who, with intent to defraud or knowingly that his 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.

Pennsylvania - Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

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

Date \_\_\_\_\_ Applicant's Signature (all owners must sign) \_\_\_\_\_

*This Applicant's insurance agent may not sign this Application for the applicant.*

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