

## Aero Alliance Insurance Services

# FINANCIAL INSTITUTION AIRCRAFT LIABILITY & PHYSICAL DAMAGE APPLICATION

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

Address \_\_\_\_\_

Applicant Is  Individual  Corporation  Partnership  \_\_\_\_\_

Insurance is requested from 12:01AM on \_\_\_\_\_ until 12:01AM on \_\_\_\_\_

### COVERAGES

LIABILITY	Single Limit Bodily Injury & Property Damage Each Occurrence	PHYSICAL DAMAGE	Maximum Value of Any One Aircraft
A. Leased or Financed Aircraft Contingent Liability	\$	F. Lendor's/Lessor's Single Interest	\$
B. Repossessed Aircraft Liability	\$	G. Repossessed Aircraft	\$
C. Non-Owned Aircraft Liability	\$	H. Errors & Omissions	\$
D. Liability for Sale of Aircraft	\$		
E. Airport Premises Liability	\$		

### LEASED AIRCRAFT

Aircraft Model & Registration	Total Seats	Amount of Applicant's Interest	Lessee	Lease Expiration Date	Lessee's Insurance			
					Insurance Company	Liability Limits	Insured Value	Expiration Date

Attach copies of all standard lease agreements used

### REPOSSESSED AIRCRAFT

Aircraft Model & Registration	Total Seats	Amount of Applicant's Interest	Aircraft Location	Date of Repossession	Bailee or Agent Responsible for Aircraft

Attach copies of all agreements between the applicant and aircraft bailees, storage facilities or sales agents pertaining to the use of the repossessed aircraft

Please complete a pilot history form for any pilots employed by or regularly used by the applicant for operation of repossessed insured aircraft which are in the possession of the applicant.

### FINANCED AIRCRAFT

How many aircraft does the applicant finance? \_\_\_\_\_ What is the total outstanding loan balance due on all aircraft financed? \_\_\_\_\_

What is the maximum loan on any one aircraft? \_\_\_\_\_ What total amount of new aircraft loans is expected monthly? \_\_\_\_\_

What percentage of aircraft are based outside the USA? \_\_\_\_\_ What is the maximum seating capacity of any one aircraft financed by applicant? \_\_\_\_\_

Please attach a statement listing the insurance requirements applied to the applicant's mortgage. Include a description of the applicant's systems for enforcing the insurance requirements.

### AIRLINE AIRCRAFT

List on a separate sheet all aircraft which the applicant holds financial interest which are operated in scheduled airline service, naming the airline that is operating the aircraft

**AIRCRAFT LEASE TRUSTS**

Do any aircraft lease trusts in which the applicant participates **not** have insurance which names the applicant as beneficiary?  NO  YES

If "yes" explain \_\_\_\_\_

What is the maximum dollar value interest which the applicant has in any aircraft held by a lease trust? \_\_\_\_\_

What is the maximum seating capacity of any aircraft in which the applicant holds a financial interest through a lease trust? \_\_\_\_\_

**APPLICANT'S OWNED AIRCRAFT USE**

Does the applicant own or operate any aircraft?  NO  YES

If "yes" explain \_\_\_\_\_

**APPLICANT'S NON-OWNED AIRCRAFT USE**

	Number of Trips	Seating Capacity of Aircraft
Chartered Aircraft		
Borrowed Aircraft		
Employee Owned or Rented Aircraft		

Does the applicant ever use or charter aircraft with more than 50 passenger seats?  NO  YES

If "yes" explain \_\_\_\_\_

Does the applicant allow employees to pilot aircraft on company business?  NO  YES

If "yes" describe insurance requirements and minimum pilot experience requirements for types of aircraft used \_\_\_\_\_

Please complete a pilot history form for any employee piloting on company business

**PREMISES**

Please list all airport premises currently used for storage of aircraft by applicant

**INSURANCE & CLAIMS HISTORY**

Applicant's insurance now in effect on leased, financed, and repossessed aircraft \_\_\_\_\_

Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_

Coverage & Limits \_\_\_\_\_

Has any insurer cancelled or refused to renew the applicant's insurance?  NO  YES

**LOSS EXPERIENCE**

Date of Loss	Description	Amount of Loss			
		Paid	Reserved	Expenses	Total

Is there any other pertinent information, or potential changes in exposure which materially affect this risk?  NO  YES

If "yes" explain \_\_\_\_\_

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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 & Title \_\_\_\_\_