



AIRCRAFT INSURANCE APPLICATION

(Check which is desired) A QUOTATION INSURANCE RENEWAL POLICY

NAME OF APPLICANT _____

ADDRESS _____

E-Mail ADDRESS _____

BUSINESS OR OCCUPATION OF APPLICANT _____

APPLICANT 1S: INDIVIDUAL(S) CORPORATION PARTNERSHIP OTHER

INSURANCE REQUESTED FROM 12:01 A.M. ____/____/20 ____ to 12:01 A.M. ____/____/20 ____

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers- <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ _____	\$ _____
MEDICAL EXPENSE: Passengers- <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ _____	\$ _____
GUEST VOLUNTARY SETTLEMENT	\$ _____	benefit amount <input type="checkbox"/> incl. crew <input type="checkbox"/> excl. crew
OTHER COVERAGES (if any) _____		

AIRCRAFT

Year, Make and Model	FAA Reg. Number	Seating Capacity		Land (L) Sea (S) Amp (A)	PURCHASED		Price Paid By Appl. (Incl. Extras)	Present Estimated Value (Incl. Extras)	Engine Hrs. Since New or Since Last Major Overhaul	No. of Hours Flown On Aircraft In Last 12 Mos.
		Crew	Pass		New or Used	Date				
1										
2										
3										

HULL COVERAGE		AMOUNT OF INSURANCE	Is aircraft operational & Airworthiness Certificate in full force and effect?
<input type="checkbox"/> ALL RISKS WHILE IN MOTION AND NOT IN MOTION		\$ _____ (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain
<input type="checkbox"/> ALL RISKS WHILE NOT IN MOTION		\$ _____ (2)	Is the aircraft operated under a FAA Standard Airworthiness Certificate?
<input type="checkbox"/> ALL RISKS WHILE NOT IN FLIGHT		\$ _____ (3)	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain
Aircraft based and <input type="checkbox"/> Hangared <input type="checkbox"/> Tied-down at Airport _____ ID _____	<input type="checkbox"/> PUBLIC AIRPORT	TOWER <input type="checkbox"/> Yes <input type="checkbox"/> No	RUNWAYS PAVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
City _____ State _____	<input type="checkbox"/> PRIVATE AIRPORT	RUNWAY LIGHTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Length _____ Ft

APPLICANT Sole owner of aircraft without encumbrance?
 IS: Sole owner under mortgage or other encumbrance Lienholder or Lesser: _____
 Lessee: (Identify Lessor and attach terms of lease) Address _____

"Breach of Warranty" is Needed Not Needed
 Lien Balance \$ _____
 (Applicable if Breach of Warranty is needed)

IMPORTANT: COMPLETE ALL ITEMS ON BOTH SIDES