

PURPOSE OF USE: (Check all applicable uses)

- Pleasure or Business (not flown by professional pilots employed for this purpose) Instruction- Rental-(Comm'l)
- Corporate - Executive (flown only by professional pilots employed for this purpose) Flying Club Photography (Comm'l)
- Passenger Carrying For Hire (Charter/Air Taxi) Air Ambulance (Charter/Air Taxi) Freight Carrying For Hire (Charter/Air Taxi)
- Pipeline/powerline Patrol Banner Towing Crop Dusting
- List all other Uses not indicated above (explain) _____

PILOT QUALIFICATIONS																	
NAME	Pilot Certifications and Ratings									Logged Pilot In Command Hours							
	Age	Student	PVT.	CML	AMEL	INSTRUM	ATP	ROTOR	OTHER	TOTAL TIME	TOTAL TAIL WHEEL	TOTAL RETRACT GEAR	TOTAL MULTI ENGINE	TOTAL ROTOR WING	TOTAL TURBINE	TOTAL IN AIRCRAFT MODEL TO BE INSURED	TOTAL IN ALL AIRCRAFT PAST 90 DAYS / 12 MOS.
1)																	/
2)																	/
3)																	/
4)																	/
Pilot No.	FAA Certification No.					Medical Certificate Date of Physical/Class	Date of Biennial Flight Review	List Any Formal Flight Training Facilities Attended	Aircraft Model	Date Attended							
1																	
2																	
3																	
4																	

1. Do any pilots named above have any: (a) physical impairments? Yes No
 (b) waivers, limitations, conditions attached to their medical certificates? Yes No
2. Has any FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? Yes No
 If so, explain _____
3. Has any pilot named above ever been cited for any violation of Federal Air Regulations? Yes No
 If so, explain _____
4. Has any pilot named above ever been involved in any aircraft accident? Yes No
 If so, explain _____
5. Has any applicant, or officer of partner thereof, or pilot named above ever been indicted for or been arrested for a felony, drunk or reckless driving? Yes No
 If so, explain _____
6. Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? Yes No If so, explain _____

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE PLEASE EXPLAIN EACH "YES" ANSWER BELOW

1. Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? No Yes
2. Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? No Yes
3. Name of Last or Present aircraft insurance company: _____ Expiration Date: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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 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.

Date _____ Applicant's Signature _____

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. (This Applicant's insurance agent may not sign this Application for the Applicant.)

Producer _____
 Address _____ City _____ State _____ Zip Code _____
 Telephone No. _____ Fax No. _____