**APPLICATION FOR**

**AIRCRAFT HULL & LIABILITY INSURANCE**

**AEROINSURE**

|  |
| --- |
| CHECK WHICH IS DESIRED:  A QUOTATION  NEW INSURANCE POLICY  RENEWAL POLICY |
| NAME OF APPLICANT (Including DBAs And Holding Companies): |
| ADDRESS: |
| BUSINESS OR OCCUPATION OF APPLICANT: |
| APPLICANT IS:  INDIVIDUAL(S)  CORPORATION  PARTNERSHIP  LLC  OTHER |
| INSURANCE IS REQUESTED FROM 12:01 A.M.       to 12:01 A.M.       (local time at address of applicant) |

|  |  |  |
| --- | --- | --- |
| **Liability Coverage** | LIMITS OF LIABILITY DESIRED | |
| Each Passenger | Each Occurrence |
| SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY:  Passengers:  included  excluded | $ | $ |

|  |  |
| --- | --- |
| MEDICAL EXPENSE Crew:  included  excluded | $  Each Person |

|  |  |
| --- | --- |
| **Physical Damage Coverage** | AMOUNT OF INSURANCE DESIRED  (attach explanation if other than current market value**)** |
|
| AIRCRAFT  ALL RISK BASIS  ALL RISK BASIS NOT IN FLIGHT  ALL RISK BASIS NOT IN MOTION | $ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Aircraft:** If Airworthiness Certificate is other than Standard, please explain  If engine is being operated beyond TBO, please explain | | | | | | | | | |
| Year, Make and Model | FAA  Registration  Number | Seating Capacity | | Land (L)  Sea (S)  Amph (A) | PURCHASED | | Current Market Value  (Incl. Extras) | No. of Hours Aircraft Flown In Last 12 Months | Est. No. of Hours Next 12 Months |
|  |  | Crew | Other |  | New or Used | Date |  |  |  |
|  |  |  |  |  |  |  | $ |  |  |

|  |
| --- |
| Aircraft usually based at:       (Name of Home Airport. If Private Airport, give detailed location)  Hangared  Tied Down |

|  |
| --- |
| ARE ANY FLIGHTS CONTEMPLATED OUTSIDE THE CONTINENTAL U.S.?  Yes  No If “Yes”, where? |

**PURPOSE OF USE** (Check all applicable uses)

|  |
| --- |
| Pleasure  Business (not flown by professional pilots employed for this purpose)  The following uses are excluded: ● Skydiving or skydiving related activities ● Powerline, pipeline or highline patrol ● Aerial photography or cinematography requiring a FAA Certificate of Waiver ● Any form of hunting ● Animal herding ● Taxi, take off or alighting on water, while the aircraft is equipped with floats ● Taxi, take off or landing on snow or ice, while the aircraft is equipped with skis ● Any use involving a charge intended to result in financial profit to the Insured.  Other uses not indicated above (explain) |

**PILOTS:** **Complete this section (including items 1-5 below) for every pilot who will operate an aircraft during the policy term unless a Pilot Questionnaire is completed by the pilot.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF PILOT | Date of Birth | Pilot Certification and Ratings | | | | | | | | | | Medical Certificate | | Hours Logged As Pilot In Command | | | | | | |
|  |  | Stud. | Sport | Pvt. | Com’l. | ASEL | AMEL | Instrumt. | | ATP | Other | Date of Last Physical | Class | All Aircraft | | | | | Model Insured | |
|  |  |  |  |  |  |  |  |  | |  |  |  |  | Total | Retract Gear | Covn. Gear | Multi- Engine | Last 12 Mos. | Total | Last  90 Days |
| 1. |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | | Pilot No. 1 | | | | | | | Pilot No. 2 | | | | | Pilot No. 3 | | Pilot No. 4 | | | Pilot No. 5 | |
| FAA Certificate No. | |  | | | | | | |  | | | | |  | |  | | |  | |
| Date of last biennial flight review: | |  | | | | | | |  | | | | |  | |  | | |  | |
| Details of other proficiency training: | |  | | | | | | |  | | | | |  | |  | | |  | |

**EXPLAIN CIRCUMSTANCES IF:**

|  |
| --- |
| 1. Any pilots named above have any; (a) physical impairments  (b) waivers, limitations, conditions on their medical certificates or on their airman certificates  2. Any FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked  3. Any pilot above has ever been cited for violation of any aviation regulations in any country  4. Any pilot named above has ever been involved in any aircraft accident  5. Any pilot named above has ever been convicted of or plead guilty to a felony or driving while intoxicated |

|  |
| --- |
| **Applicant is:**  Sole owner  Owner subject to mortgage or conditional sales contract.  Lessee  Other – explain |
| If aircraft is encumbered, name and address of lienholder or lessor: |
| Amount of encumbrance (excluding interest and finance charges) $  Will breach of Warranty Coverage be required by lienholder?  Yes  No |
| AOPA Number:       EAA Number: |
| Name of last aviation insurance carrier (if none, so state) |
| To the Applicant’s knowledge, has any damage been sustained to, or have any claims been made by others that have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant?  Yes  No If “Yes”, please provide details. |

|  |
| --- |
| Has any insurance company or underwriter at any time declined an application submitted by, or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? NOT APPLICABLE IN MO  Yes  No  If “Yes”, please explain circumstances. |

**FRAUD STATEMENTS**

**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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA and OKLAHOMA**

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 (In FL, a person is guilty of a felony of the third degree).

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON**

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.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

|  |
| --- |
| **All particulars herein are declared to be 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 the insurer to investigate all or any qualifications or statements contained herein.**  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.** |

**THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.**

|  |  |
| --- | --- |
| Name of Insurance Producer: | |
| License State: | State License Number: |
| Address: | |
| For how long have you been designated this applicant’s Broker of Record? | |