**APPLICATION FOR FINANCIAL INSTITUTION  
AIRCRAFT LIABILITY AND PHYSICAL DAMAGE COVERAGE**

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| **Name of Applicant:** |
| Address: |
| Business of Applicant: |
| Applicant is:  Corporation  Partnership  Other (Describe) |
| **Insurance is requested from 12:01 A.M.**       **to 12:01 A.M.**       (local time at address of applicant) |

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| **COVERAGES** | | | | |
| LIABILITY | Single Limit Bodily Injury  and Property Damage  Each Occurrence |  | PHYSICAL DAMAGE | Maximum Value  of Any One Aircraft |
| Coverage A: Leased or Financed Aircraft Contingent Liability | $ |  | Coverage F: Lendors’/Lessors’  Single Interest | $ |
| Coverage B: Repossessed Aircraft Liability | $ |  | Coverage G: Repossessed Aircraft | $ |
| Coverage C: Non-Owned Aircraft Liability | $ |  | Coverage H: Errors and Omissions | $ |
| Coverage D: Liability for Sale of Aircraft | $ |  |  | |
| Coverage E: Airport Premises Liability | $ |  |

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| **Please complete following schedules for all leased and repossessed aircraft to be insured:** |

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| **Leased Aircraft** | | | | | | | | |
| Aircraft Model and 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 by applicant. | | | | | | | | |

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| **Repossessed Aircraft** | | | | | |
| Aircraft Model and 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 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. | | | | | |

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| **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 U.S.A.? | % | What is the maximum seating capacity of any 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. | | | |

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| **Aircraft Lease Trusts** |
| Do all aircraft lease trusts in which the applicant participates have insurance which names the applicant as beneficiary?  Yes  No |
| If “No”, describe: |
| What is the maximum dollar value interest which 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? |

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

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| **Applicant’s Owned Aircraft Use** |
| Does the applicant own or operate aircraft?  Yes  No |
| If “Yes”, describe: |

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| **Applicant’s Non-Owned Aircraft Use** | | |
| Please provide the following information about non-owned aircraft used by or on behalf of the applicant during the past year. | | |
|  | 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?  Yes  No | | |
| If “Yes”, describe: | | |
| Does the applicant allow employees to pilot aircraft on company business?  Yes  No | | |
| 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. | | |

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| **Premises** |
| Please list all airport premises currently used for storage of aircraft by applicant: |

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| **Insurance and Claims History** | |
| Applicant’s insurance now in effect on leased, financed and repossessed aircraft: | |
| Insurance company: | Expiration Date: |
| Coverage and limits: | |
| Has any insurer cancelled or refused to renew the applicant’s insurance? NOT APPLICABLE IN MO  Yes  No | |

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| **Loss Experience:** List all aircraft contingent liability and physical damage claims for the last five years. Attach separate sheet if necessary. Attach insurance company loss run if available. | | | | | |
|  | | Amount of Loss | | | |
| Date of Loss | Description | Paid | Reserved | Expenses | Total |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
| Is there any other pertinent information, or any potential changes in exposure which materially affect this risk?  Yes  No | | | | | |
| If “Yes”, describe. | | | | | |

**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.

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| **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.**

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