

AIRCRAFT INSURANCE APPLICATION

**(AIRCRAFT 2)**

Applicant

**AIRCRAFT 2:**

Is aircraft operational and Airworthiness Certificate in full force and in effect? \_\_ YES \_\_ NO

If “NO” explain

Is aircraft operated under a FAA Standard Airworthiness Certificate? \_\_ YES \_\_ NO

If “NO” describe category

Has aircraft and /or engine(s) been modified? \_\_ YES \_\_ NO

If “YES” explain

Is there any unrepaired damage to the aircraft (minor or major)? \_\_ YES \_\_ NO

If “YES” explain

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Make And Model | Year | FAACert.Num | Seating CapacityCrew Pass | Land (L)Sea (S) | Purchased DateNew/Used | Price Paid By Applicant | PresentValue | Engine Hrs.New orMajor Overhaul | EngineMakeAnd HP |
| 2.  |  |  |  |  |  |  |  |  |  |  |  |

**PHYSICAL DAMAGE COVERAGE – Aircraft 2**

|  |  |
| --- | --- |
| F. Open Peril Basis: GROUND AND FLIGHT  2. Agreed Value $  Deductible $   | $  |
| G. Open Peril Basis: NOT IN MOTION  2. Agreed Value $  Deductible $   | $  |

**AIRCRAFT 2 - APPLICANT IS**: \_\_ Sole owner \_\_ Owner subject to mortgage or conditional sales contract.

 \_\_ Other- explain

If aircraft is mortgaged, please provide the following information:

Mortgage Name

Mortgage Address

City  State  Zip

Loan #

Amount of mortgage (excluding interest and finance charges) $

Will Breach of Warranty Coverage be required for mortgage? $

# THE PILOT(S) FLYING AIRCRAFT 2: This information is required for each pilot who will operate aircraft 2 during the policy term

 Pilot Certificate and Ratings LOGGED PILOT HOURS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Name | DateOfBirthm/d/y |  Stud |  Pvt |  Com’l |  ATP |  ASEL |  SMEL |  Instrument | Other | Total | A/CModelInsured | MultiEngine | RetGear | TailwheelEquipped A/C | Last 12Month in M/M |
| 1.  |  | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |  |  |  |  |  |  |
| 2.  |  | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |  |  |  |  |  |  |
| 3.  |  | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |  |  |  |  |  |  |
| 4.  |  | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |  |  |  |  |  |  |
|  Pilot No. | FAA Pilot Certificate No Date of Physical/Certificate |
|  1.   |  |
|  2. |  |
|  3.  |  |
|  4. |  |

Name and address of pilots’ employer if other than the applicant:

Employer Name

Employer Address

City  State  Zip

For student pilots, include flight school and instructor name:

Flight School

Instructor Name

1. Do any pilots named above have any physical impairments, waivers, limitations or conditions attached to their medical certificate? \_ YES \_ NO

If YES, explain

2. Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? \_ YES \_ NO

If YES, explain

3. Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action?

 \_ YES \_ NO

If YES, explain

4. Has any pilot named above ever been involved in any aircraft accident, aviation losses, claims or incidents? \_ YES \_ NO

If YES, explain

5. Has any pilot named above been convicted of or pleaded guilty to (a) charge of reckless driving or driving under the influence of alcohol or drugs? (b) Felony? \_ YES \_ NO

 If YES, explain & provide date

|  |
| --- |
| **AIRCRAFT 2 - AIRCRAFT OPERATION**Number of hours aircraft was flown during the PAST 12 MONTHS Estimated hours to fly NEXT 12 MONTHS Aircraft based at and \_ Hangared \_ Tied-down at:  |
| Airport  | \_\_\_PUBLIC TOWER \_ YES \_ NO  AIRPORT RUNWAYS PAVED? \_ YES \_ NO\_\_\_PRIVATE RUNWAY LIGHTS \_ YES \_ NO  AIRPORT Airport Identifier  Length FT |
| City  State  |

Will aircraft be operated at other than paved public airports? \_\_ NO \_\_ YES

Where? Purpose? Length

Will aircraft be operated outside the 48 contiguous states of U.S.A.? \_\_ NO \_\_ YES

Where? Purpose?  Frequency?

How frequently does applicant use non-owned aircraft?

Will aircraft be used for student or pilot instruction? \_\_ NO \_\_ YES

If “Yes” explain

##### Does applicant own other aircraft? \_\_ NO \_\_ YES

##### If “Yes” list make(s) and model(s)

All particulars herein are 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.