

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 | FAA  Cert.  Num | Seating Capacity  Crew Pass | | Land (L)  Sea (S) | Purchased Date  New/Used | | Price Paid By Applicant | Present  Value | Engine Hrs.  New or  Major Overhaul | Engine  Make  And 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 | | Date  Of  Birth  m/d/y | Stud | Pvt | Com’l | ATP | ASEL | SMEL | | Instrument | Other | Total | A/C  Model  Insured | Multi  Engine | Ret  Gear | Tailwheel  Equipped A/C | Last 12  Month 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.