

# AIRCRAFT INSURANCE APPLICATION

Name Insured & Address:  Business or Occupation:  Phone: (     )     )	Producer: Insurance Technologies & Programs A Division of Air Capital Insurance, LLC P.O. Box 148, Wichita, KS 67201  Effective Date:  Business (     )
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AIRCRAFT	FAA	Total	Engine	Engine
Year/Make/Model	Number	Seats	Hours	Horsepower

Aircraft usually based and  Hangared  Tied Down at (City & State): \_\_\_\_\_  
 Airport ID: \_\_\_\_\_ Airport: \_\_\_\_\_  
 Private Airport  Public Airport  Paved Runways?  Yes  No. Longest Runway: \_\_\_\_\_

COVERAGES AND LIMITS		LIMITS	PREMIUMS
<b>LIABILITY COVERAGES</b>			
D Single Limit of Bodily Injury & Property Damage, including passengers	\$	Each Occurrence	\$
DL Single Limit Bodily Injury and Property Damage Liability including limited Passenger Bodily Injury Liability	\$	limited to:	
	\$	Each Passenger	\$
E Medical Payments, including crew	\$	Each Person	\$
	\$	Each Occurrence	\$
<b>PHYSICAL DAMAGE COVERAGE</b>		AGREED VALUE	DEDUCTIBLE
F While Not in Motion	\$	\$	\$
G While in Motion	\$	\$	\$
Other Coverages			
<b>TOTAL ANNUAL PREMIUM</b>			\$

PURPOSE OF USE		
<input type="checkbox"/> Pleasure and Business	<input type="checkbox"/> Charter/Air Taxi	<input type="checkbox"/> Flying club
<input type="checkbox"/> Instruction and/or rental	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Special Uses. Defined as:		

OWNERSHIP INFORMATION	
Applicant is Sole Owner without liens except as indicated:	
<input type="checkbox"/> Owner subject to lien with <input type="checkbox"/> Lienholders Interest or <input type="checkbox"/> Loss Payee.	
<input type="checkbox"/> Lessee or <input type="checkbox"/> Lessor (if a lease agreement exists, attach copy.)	
<input type="checkbox"/> Other - explain on reverse or separate sheet	
Name and Address of Lienholder _____	Present Amount \$ _____

PILOT INFORMATION* *ATTACH SEPARATE SHEET IF NECESSARY										Total Logged Pilot Hours					Medical and BFR		
Name	Age	Certificates and Ratings							Total Time	Make & Model	RG	Multi.	Tail-Wheel	Medical Date	Class	BFR Date	
		Student	Private	Comm.	ATP	IFR	Other ratings & qualifications										

**VERY IMPORTANT!** ALL PILOTS YOU WISH TO BE ON THE POLICY MUST BE LISTED ABOVE. IF PILOTS ARE NOT LISTED THEY WILL NOT BE NAMED ON THE POLICY.

Open Pilot Provisions: \_\_\_\_\_  
 Special Pilot Requirements: \_\_\_\_\_

**PLEASE COMPLETE AND SIGN OTHER SIDE**

- To complete application, refer to aircraft and engine logbooks, and pilot logbooks and other official records.
- If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.
- Please use Section 3 to explain any "Yes" answers to the questions below.
- If applying for insurance on multiple aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

**SECTION 1. APPLICANT SECTION**

Applicant is  Individual  Corporation  Co-Ownership  
 (Name all partners) \_\_\_\_\_  
 Name of  Last or  Present Aviation Insurance Company \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ or  None

**SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION**

- A. Does the aircraft have other than a standard airworthiness certificate in full effect?  Yes  No
- B. Are there any other aircraft owned by the applicant?  Yes  No
- C. Has aircraft been equipped with any modifications not provided by manufacturer?  Yes  No
- D. Do you anticipate aircraft to be operated outside the continental United States?  Yes  No
- E. Will aircraft be normally operated from other than paved public airports?  Yes  No
- F. Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section on reverse?  Yes  No
- G. Will other than the applicant and pilots listed in Pilots on reverse have use of aircraft?  Yes  No
- H. Will aircraft be used for any purpose(s) for which a charge is made?  Yes  No
- I. Is there any unrepaired damage to aircraft?  Yes  No
- J. Has Applicant had any aircraft/aviation losses or claims?  Yes  No
- K. Do any pilots named on reverse have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses.) limitations or conditions attached to their medical certificate?  Yes  No
- L. Has any pilot named above had any convictions, suspensions, or revocations for, FAR violations, use or possession of drugs, or reckless or drunk driving?  Yes  No
- M. Has any pilot named above ever been involved in any accident or incident?  Yes  No
- N. Has Applicant or any pilot named above ever been convicted of a felony?  Yes  No

**SECTION 3. REMARKS**

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ & INITIAL**

**MINIMUM PILOT REQUIREMENTS**  
 I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings and pilot experience indicated, and who, is/are properly qualified to the flight involved.

INITIAL \_\_\_\_\_

**USE REQUIREMENTS**  
 I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

INITIAL \_\_\_\_\_

**AIRWORTHINESS REQUIREMENTS**  
 I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect.

INITIAL \_\_\_\_\_

I/We certify all statements or representations contained on both sides of this application are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representative, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

I/We Authorize INSURANCE TECHNOLOGIES & PROGRAMS to represent me/us in placing this insurance.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_