

Aircraft Insurance Application

Named Insured & Address				Insurance Company	
				Effective Date	
Business or Occupation				E-mail Address	
Business Phone		Fax		Primary Phone	

Ownership Information			
Sole Owner with no liens <input type="checkbox"/>		Sole Owner subject to a lien <input type="checkbox"/>	
Lessee or Lessor (attach copy of lease agreement) <input type="checkbox"/>			
Other (explain) <input type="checkbox"/>			
Name and Address of Lienholder			
		Present Balance	

Applicant Section			
Applicant is		Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>
		Limited Liability Company <input type="checkbox"/>	Co-Ownership/Partnership <input type="checkbox"/>
(Name all partners) _____			
Name of		Last <input type="checkbox"/> or Present Insurance Company <input type="checkbox"/>	Expiration Date _____ None <input type="checkbox"/>

Aircraft Information				FAA Number	Total Seats	Engine Hours	Engine Horsepower
Year/Make/Model							
Aircraft usually based and		Hangared <input type="checkbox"/>	Tied <input type="checkbox"/>	At (City & State)			
Airport		Private Airport <input type="checkbox"/>	Public Airport <input type="checkbox"/>	Paved Runways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Purpose of Use				
Pleasure and Business <input type="checkbox"/>		Part 91 Industrial Aid <input type="checkbox"/>	Instruction & Rental <input type="checkbox"/>	Commercial <input type="checkbox"/>
				Flying Club <input type="checkbox"/>
Special Use Defined As _____				

Aircraft Physical Damage ("Hull") Coverage			Agreed Value	Deductible	Premium
While Not In Motion					
While In Motion					

Aircraft Liability and Medical Payments Coverage			Limit of Coverage		Premium
Bodily Injury Excluding Passengers			Each Person		
			Each Occurrence		
Passenger Bodily Injury			Each Passenger		
			Each Occurrence		
Property Damage			Each Occurrence		
Single Limit for Bodily Injury & Property Damage Excluding Passengers			Each Person		
			Each Occurrence		
Single Limit for Bodily Injury & Property Damage Including Passengers			Each Passenger		
			Each Occurrence		
Medical Payments			Each Person		
Including Crew <input type="checkbox"/> Excluding Crew <input type="checkbox"/>			Each Occurrence		
Other Coverages			Total Annual Premium		

SECTION 1. PILOT INFORMATION																				
Name	Age	Occupation	Ratings							Pilot Hours										
			Student	Private	Commercial	ATP	Instrument	ASEL	AMEL	Rotor Wing	CFI	Medical Class	Total Time	Retractable Gear	Multi-Engine	Turbo Jet / Turbo Prop	Tail Wheel	Rotor Wing	Make & Model	Total Time Last 12 Months
Open Pilot Clause																				
Special Pilot Requirements																				
Additional Information																				

SECTION 2. GROUND & FLIGHT PROFICIENCY TRAINING				
Last Biennial Flight Review or Equivalent	Date		Aircraft Type	
Last Instrument Proficiency Check	Date		Aircraft Type	
Description of Other Training				
Additional Information				

To complete the application, refer to the aircraft engine and pilot logbooks as well as 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 4 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 the FAA number.

SECTION 3. AIRCRAFT OPERATIONS
A. Yes <input type="checkbox"/> No <input type="checkbox"/> Does the aircraft have OTHER than a standard airworthiness certificate in full effect?
B. Yes <input type="checkbox"/> No <input type="checkbox"/> Are there any other aircraft owned by the applicant?
C. Yes <input type="checkbox"/> No <input type="checkbox"/> Has aircraft been equipped with any modifications not provided by manufacturer?
D. Yes <input type="checkbox"/> No <input type="checkbox"/> Do you anticipate aircraft to be operated outside the continental United States?
E. Yes <input type="checkbox"/> No <input type="checkbox"/> Will aircraft be normally operated from other than paved public airports?
F. Yes <input type="checkbox"/> No <input type="checkbox"/> Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section on reverse?
G. Yes <input type="checkbox"/> No <input type="checkbox"/> Will aircraft be used for any purpose(s) for which a charge is made?
H. Yes <input type="checkbox"/> No <input type="checkbox"/> Will other than the applicant and pilots listed in Pilots on reverse have use of aircraft?
I. Yes <input type="checkbox"/> No <input type="checkbox"/> Is there any unrepaired damage to aircraft?
J. Yes <input type="checkbox"/> No <input type="checkbox"/> Has applicant had any aircraft/aviation losses/claims during the last three years?
K. Yes <input type="checkbox"/> No <input type="checkbox"/> Has any insurer canceled, declined or refused to renew any aviation insurance for applicant?
L. Yes <input type="checkbox"/> No <input type="checkbox"/> 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?
M. Yes <input type="checkbox"/> No <input type="checkbox"/> Has any pilot named above had any convictions, suspensions, or revocations for: FAR violations, use or possession of drugs, or reckless or drunk driving?
N. Yes <input type="checkbox"/> No <input type="checkbox"/> Has any pilot named above ever been involved in any accident or incident?

SECTION 4. REMARKS
Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above):

SECTION 5. 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 for 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 _____

SECTION 6. SIGNATURE & DATE

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 between me/us and the insurance company.

I/We further agree that the insurance company or their representatives, 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.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

I/We authorize **The James A Gardner Company, Inc.** to represent me/us in placing this insurance.

Date _____ Applicant's Signature _____