

Post Office Box 440757  
Kennesaw, Georgia 30160

1990 Vaughn Road, Suite 350  
Kennesaw, Georgia 30144

### AIRCRAFT HULL & LIABILITY INSURANCE APPLICATION

Applicant Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business of Applicant: \_\_\_\_\_  
 Effective from \_\_\_\_\_ to \_\_\_\_\_ Policy No. (if known) \_\_\_\_\_

#### Aircraft 1

Make/Model \_\_\_\_\_ Year: \_\_\_\_\_ Seating Capacity: Crew \_\_\_\_\_  
 FAA No.: \_\_\_\_\_ Purchase Year: \_\_\_\_\_  New  Used  Land  Sea  Amphib Pass. \_\_\_\_\_

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: \_\_\_\_\_  
 Describe any STC's, modifications or unrepaired damage: \_\_\_\_\_

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)	Each Person	Each Occurance
Bodily Injury - Excluding Passengers	\$	\$
Property Damage		\$
Passenger Liability	\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage		\$
<input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to:	\$	
Medical Expenses <input type="checkbox"/> Excluding Crew	\$	\$
<input type="checkbox"/> Other Liability:	\$	\$

Engine Hours: \_\_\_\_\_ Engine Make/Type: \_\_\_\_\_ Hours flown last 12 months: \_\_\_\_\_  
 Since New Est. hours flown next 12 months: \_\_\_\_\_  
 Since Major Overhaul Est. passenger load next 12 months: \_\_\_\_\_

Aircraft based at (identify): \_\_\_\_\_ Aircraft Equipment: \_\_\_\_\_ If operated for hire, percentage of use:  
 Public  Private  TCAS / TIS Passenger: \_\_\_\_\_ % Instruction: \_\_\_\_\_ %  
 Hangar  Paved  Angle of attack indicator Cargo: \_\_\_\_\_ % Rental: \_\_\_\_\_ %  
 Runway Length in feet: \_\_\_\_\_  TAWS / GPWS Other: \_\_\_\_\_ %

Applicant is:  Sole Owner  Lessee  Owner subject to Lien  Other explain: \_\_\_\_\_  
 Lienholder Name/Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Amount of Lien (excluding interest and charges): \$ \_\_\_\_\_ Breach of Warranty Required?:  Yes  No

#### Aircraft 2

Make/Model \_\_\_\_\_ Year: \_\_\_\_\_ Seating Capacity: Crew \_\_\_\_\_  
 FAA No.: \_\_\_\_\_ Purchase Year: \_\_\_\_\_  New  Used  Land  Sea  Amphib Pass. \_\_\_\_\_

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: \_\_\_\_\_  
 Describe any STC's, modifications or unrepaired damage: \_\_\_\_\_

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)		Each Person	Each Occurance
Bodily Injury - Excluding Passengers		\$	\$
Property Damage			\$
Passenger Liability		\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage			\$
<input type="checkbox"/> Passenger Bodily Injury Limited to <input type="checkbox"/> All Bodily Injury Limited to		\$	
Medical Expenses <input type="checkbox"/> Excluding Crew		\$	\$
<input type="checkbox"/> Other Liability		\$	\$
Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul	Engine Make/Type: _____	Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____	
Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangard <input type="checkbox"/> Paved	Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS	If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ %	
Runway Length in feet: _____			
Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Owner subject to Lien <input type="checkbox"/> Other explain: _____			
Lienholder Name/Attn: _____			
Address: _____			
City: _____		State: _____ Zip Code: _____	
Amount of Lien (excluding interest and charges): \$ _____		Breach of Warranty Required?: <input type="radio"/> Yes <input type="radio"/> No	

**For additional aircraft please attach an "Aircraft Fleet Addendum"  Aircraft Fleet Addendum Attached**

**Purpose of Use**

- |   |  |
|---|--|
| <input type="checkbox"/> Pleasure or <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose) | <input type="checkbox"/> Instruction   |
| <input type="checkbox"/> Corporate-Executive (flown by professional pilots employed for this purpose)                               | <input type="checkbox"/> Sightseeing   |
| <input type="checkbox"/> Passenger Carrying for Hire (Charter/Air Taxi)   | <input type="checkbox"/> Flying Club   |
| <input type="checkbox"/> Air Ambulance / EMS  | <input type="checkbox"/> Aerial Photography                                  |
| <input type="checkbox"/> Freight Carrying (for hire)  | <input type="checkbox"/> Aerial Application (see Aerial Application section) |
| <input type="checkbox"/> Pipeline / Powerline Patrol  | <input type="checkbox"/> Electronic News Gathers / Traffic Watch             |
| List other uses not indicated: _____  | <input type="checkbox"/> Banner Towing                                       |

**Pilots**

List the pilots who operate the insured aircraft. Please complete a "Pilot History Form" for each pilot.

- 1: \_\_\_\_\_ 3: \_\_\_\_\_ 5: \_\_\_\_\_  
2: \_\_\_\_\_ 4: \_\_\_\_\_ 6: \_\_\_\_\_

**Aircraft Operations**

- Will aircraft be operated at other than paved airports?  Yes  No  
Where, surface and length of runway: \_\_\_\_\_
- Will aircraft be operated outside the 48 contiguous states of the U.S.A?  Yes  No  
Where, purpose and length of frequency: \_\_\_\_\_
- Does applicant or employees (including employee pilots) use non-owned aircraft?  Yes  No  
If 'Yes', explain: \_\_\_\_\_  
Model Aircraft: \_\_\_\_\_ Use(s): \_\_\_\_\_  
Hours of use per year: \_\_\_\_\_
- Do you charter aircraft on company business?  Yes  No  
Do you request a certificate of insurance?  Yes  No  
Min Liability Limit you will accept from the operator: \$ \_\_\_\_\_
- If your aircraft is managed by others, please identify the manager: \_\_\_\_\_
- Are any turbine aircraft operated with a single pilot crew Part 135?  Yes  No  
If 'Yes', explain: \_\_\_\_\_
- Who employs your pilots?: \_\_\_\_\_  
Name and describe your relationship to the Named Insured: \_\_\_\_\_
- Does applicant hangar, service, repair or crew other aircraft?  Yes  No  
If 'Yes', explain: \_\_\_\_\_
- Are any aircraft registered under other names than applicants name?  Yes  No  
If 'Yes', explain: \_\_\_\_\_



**Helicopter Applicants Only cont'**

Two axis stabilization system. List Aircraft:

IFR Equipped. List Aircraft:

Floatation/pop out floats. List Aircraft:

High visibility rotor blades. List Aircraft:

**Loss History and Previous Aviation Insurance**

Date of Occurance	Amount Paid	Description of Loss

Name of  Last or  Present Aircraft Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has applicant had any aircraft/aviation losses, claims or incidents during the last five years?  Yes  No

If 'Yes', explain: \_\_\_\_\_

Has any such claim been made that is still unsettled?  Yes  No

If 'Yes', explain: \_\_\_\_\_

Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance?  Yes  No

If 'Yes', explain: \_\_\_\_\_

Has applicant or any of applicant's pilots ever paid, or had paid on their behalf, any settlement for claims arising out of the Chemical Liability Hazard (chemical drift coverage) insurance?  Yes  No

If 'Yes', explain: \_\_\_\_\_

Has any such claim been made that is still unsettled?  Yes  No

If 'Yes', explain: \_\_\_\_\_

Additional Information or Remarks:

Applicant Name: \_\_\_\_\_

**FRAUD WARNINGS**

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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 any insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In the District of Columbia, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

In Florida, 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 of the third degree.

In Hawaii, for your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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, any application for the issuance of, or the rating of any 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Minnesota, any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

In Ohio, any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

In Oklahoma, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In 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 include imprisonment, fines, and denial of insurance benefits.

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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Owners Must Sign. The Applicant's agent may not sign this Application for the applicant.**

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to affect this insurance.

Producer Name: _____	
Street: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Fax: _____
Signature: _____	
Date: _____	