

**AIRCRAFT INSURANCE
APPLICATION**

Insurance Provided by
Member Companies of
American International Group, Inc.

Applicant's Name: _____

Mailing Address: _____

Effective from: _____ until _____ Both at 12:01 a.m. standard time at the address above.

Business of Applicant: _____ Number of Years in Business: _____

Former Business Names: _____

Applicant is: Individual(s) Partnership Corporation Holding Company Government Other (describe): _____ and is owned, controlled, or a subsidiary of _____

Is Applicant incorporated solely for ownership of the aircraft? Yes No

LIABILITY COVERAGE	Limits of Liability Requested		
	Each Person	Each Occurrence	Premium
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Property Damage Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Passenger Bodily Injury Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Single Limit _____ cluding Passengers	xxxxxxx	\$ _____	\$ _____
<input type="checkbox"/> With Passenger Liability Limited to:	\$ _____	xxxxxxx	\$ _____
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other Liability (specify): _____	\$ _____	\$ _____	\$ _____

CHEMICAL LIABILITY COVERAGE (Aerial Application Only)	Limits of Liability Requested			
	Each Person	Each Occurrence	Aggregate Limit	Premium
Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____	\$ _____
Property Damage Liability	Not Applicable	\$ _____	\$ _____	\$ _____
Single Limit Property Damage & Bodily Injury, Excluding Passengers	Not Applicable	\$ _____	\$ _____	\$ _____

Check Appropriate Chemical Category: XC-seeds and fertilizers only
 RC- Restricted Chemical
 CC-Comprehensive Chemical,
including: Farmer/Owner/Grower Adjacent Fields
 Crops Treated Picloram

P.D. Claims Reimbursement: \$ _____ each occurrence arising from chemicals \$ _____ arising from other than chemicals.

PHYSICAL DAMAGE COVERAGE	Amount of Insurance (must be equal to current market value)	Deductibles	Premium
<input type="checkbox"/> All Risk: Ground and Flight	\$ _____	In Motion Ingestion Moored <input type="checkbox"/> \$1000.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> Other \$ _____ Not In Motion \$ _____	\$ _____
<input type="checkbox"/> All Risk: Not in Flight	\$ _____		\$ _____
<input type="checkbox"/> All Risk: Not in Motion	\$ _____		\$ _____

TOTAL POLICY PREMIUM: \$ _____

AIRCRAFT If Airworthiness Certificate is other than Standard or Normal, please indicate category: _____
 Describe any STC's, modifications or unrepaired damage: _____

Make & Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib (A) Rotorwing (R)	Purchased		Price Paid by Applicant (incl. Extras)	Present Estimated Value (incl. Extras)	Engine Hrs. Since New, or Since Last Major Overhaul	Engine Make and HP
			Crew	Pass.		New / Used	Date				
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Aircraft usually based at: _____
 (Name of Home Airport. Give details of runway length, construction & all obstructions.) Hangared Tied-Out

Does Applicant hangar, service, repair or crew other aircraft? Yes No
 If Yes, describe: _____

Are any unapproved airports or unpaved runways used? Yes No
 If Yes, describe: _____

Is any aircraft registered under other names that Applicant's name above? Yes No
 If Yes, describe: _____

Describe all navigation outside the United States and Canada. _____

List all partners and owned, controlled, affiliated and subsidiary firms **on separate sheet**. List attached.

Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? Yes No

Applicant is: Sole Owner of the aircraft
 Owner subject to mortgage or conditional sales contract
 Other (explain): _____

If aircraft is mortgaged, name and address of mortgagee: _____

Amount of mortgage (excluding interest and finance charges) \$ _____

Will Breach of Warranty Coverage be required by mortgagee? Yes No

Are any other Aircraft owned by, rented or used by or on behalf of Applicant? Yes No

If Yes: Model Aircraft _____ Uses _____ No. Hours per Year _____

PILOT(s) NAMES

All pilots who will regularly operate the insured aircraft must complete a "Pilot Qualification" form. List all names below.

1. _____ 3. _____
 2. _____ 4. _____

PURPOSE OF USE (Check all Applicable Uses)

Pleasure or Business (not flown by professional pilots employed for this purpose)

Corporate – Executive (flown only by professional pilots employed for this purpose)

Instruction Rental (Commercial) Flying Club Photography

Passenger Carrying for Hire (Charter / Air Taxi) Air Ambulance (Charter / Air Taxi)

Freight Carrying (Charter / Air Taxi) Pipeline / Powerline Patrol

Banner Towing Aerial Application (SEE BELOW)

List all other uses not indicated above (explain each): _____

AERIAL APPLICATION ONLY

Please fill out this section only if you have checked "Aerial Application" under the PURPOSE OF USE section above.

List all states where you conduct aerial application: _____

Describe applicant's violation of any law or regulation governing aerial application operations: _____

Describe any owned/operated ground spraying equipment and type of use: _____

Show the percentage each represents to the total (100%):

Application of Glyphosate _____% Piclorams _____% Hormone Herbicides _____% Insecticides _____% Other _____%
Application to Orchards/Groves _____% Vineyards _____% Forest/Tree Farms _____% Exotic Fruits/Vegetables _____% Other _____%

Name of last Aircraft Insurance carrier (if none, so state): _____ Exp. Date: _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years. _____

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes No
If Yes, explain. (Note: Missouri applicants Do Not Respond) _____

NOTICE TO APPLICANTS: 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, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO COLORADO APPLICANTS: 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 an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

_____ **Applicant Signature** _____ **Today's Date** _____

To Be Completed By Producer

Producer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____ E-mail: _____

PILOT QUALIFICATIONS

Insurance Provided by
Member Companies of
American International Group, Inc.

Named Insured _____	Make & Model of Aircraft to be Flown _____
Your Name _____	Home Address _____
Date of Birth _____	List Diplomas/Degrees _____
Occupation _____	Percent of Work Time Spent on Non-flying Duties _____
Employed by _____	Since (Year) _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> (Check One)
Business Address _____	Business Phone _____ Home Phone _____
List Employers & Positions Held Over the Past 5 Years _____ _____ _____ _____	

AIRMAN CERTIFICATE NUMBER	MEDICAL
Number: _____	Class: _____
Limitations: _____	Expiration Date: _____
	Limitations: _____

CURRENT CERTIFICATES & RATINGS

<input type="checkbox"/> Student: Since (date) _____	<input type="checkbox"/> Instrument: Class _____	<input type="checkbox"/> Multi Engine – Sea
<input type="checkbox"/> Private	<input type="checkbox"/> Night	<input type="checkbox"/> Type Aircraft rated in _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Single Engine – Land	<input type="checkbox"/> Rotorcraft
<input type="checkbox"/> Sr. Commercial	<input type="checkbox"/> Single Engine – Sea	<input type="checkbox"/> Glider
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Center Line Thrust	<input type="checkbox"/> A & P Mechanic
<input type="checkbox"/> Instructor: Class _____	<input type="checkbox"/> Multi Engine – Land	<input type="checkbox"/> Other _____

Date of last logged satisfactorily accomplished Biennial Flight Review : _____ Make & Model: _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam: _____ Make & Model: _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School _____
Type of Aircraft _____ Date _____ Graduated? _____ (yes/no)

Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

Name & Location of School _____
Type of Aircraft _____ Date _____ Graduated? _____ (yes/no)

Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

Name & Location of School _____
Type of Aircraft _____ Date _____ Graduated? _____ (yes/no)

Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

AERIAL APPLICATOR

Number of years experience as an aerial applicator pilot _____

Total hours applying: herbicides _____ insecticides _____

List states in which you are currently licensed to conduct aerial application. _____

Explain any suspension or revocation of any state aerial applicator certificate held by you. _____

LOGGED PILOT HOURS

Total Pilot-In-Command Hours for All Aircraft _____

ITEMIZATION PILOT-IN-COMMAND HOURS

CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
INSURED MAKE/MODEL	_____	_____	_____	_____	_____	_____
SINGLE ENGINE FIXED-GEAR	_____	_____	_____	_____	_____	_____
SINGLE ENGINE RETRACTABLE	_____	_____	_____	_____	_____	_____
MULTI ENGINE PISTON	_____	_____	_____	_____	_____	_____
TURBO-PROP	_____	_____	_____	_____	_____	_____
JET	_____	_____	_____	_____	_____	_____
HELICOPTER – RECIP – TURBINE – SLING LOAD	_____	_____	_____	_____	_____	_____
NUMBER OF WATER LANDINGS & TAKE- OFFS	_____	_____	_____	_____	_____	_____

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

1. Have you ever had an aircraft claim, incident, or accident? YES NO
2. Have you ever been cited or fined for violation of an aviation regulation? YES NO
3. Has your pilot certificate ever been suspended or revoked? YES NO
4. Have you ever been convicted of a felony or are you under indictment for a felony? YES NO
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? YES NO
6. Has your drivers' license ever been suspended or revoked? YES NO
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? YES NO
8. Have you ever had or been treated for a chemical dependency? YES NO
9. Are you regularly using any medication? YES NO

Explain fully each "YES" answer.

_____ Continue on additional pages as needed.

ALL OF THE INFORMATION HEREIN IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

Pilot Signature

Today's Date

FOR INTERNAL USE ONLY

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____