

### PERSONAL PLEASURE & BUSINESS FIXED-WING AIRCRAFT INSURANCE APPLICATION

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

Separate application is required for all other aircraft (sailplanes, helicopters, etc.) and/or uses (special/commercial). There is no coverage if you make any charge, receive any money or any other compensation or reward for use of your aircraft, other than sharing the cost of fuel, oil, landing fees, customs fees or temporary parking for a flight with your passengers. Please contact your insurance agent instead of using this form.

Name of Applicant(s): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone Numbers                      Home: \_\_\_\_\_                      Work: \_\_\_\_\_

Business or Occupation of Applicant(s): \_\_\_\_\_

Coverage Effective from \_\_\_\_\_ until \_\_\_\_\_ 12:01 am standard time at the address above.

Applicant is the sole owner of the aircraft, other than: \_\_\_\_\_

Are any other aircraft owned by, rented or used by or on behalf of Applicant? \_\_\_\_\_

Model aircraft: \_\_\_\_\_                      Uses: \_\_\_\_\_                      Number hrs. per year: \_\_\_\_\_

Has any insurance company cancelled or refused to renew your aircraft insurance?  YES  NO (Missouri applicants do not respond)  
If YES, explain: \_\_\_\_\_

Expiration date of current insurance: \_\_\_\_\_

Name of current insurance company: \_\_\_\_\_

<b>AIRCRAFT</b>						
Operations other than Paved Public Airports: Airstrip Length: _____ Ft.      Airstrip Width: _____ Ft.      Landing Surface: _____      Obstructions: _____						
	<b>N#</b>		<b>N#</b>		<b>N#</b>	
Year Make & Model						
Total Seats						
Annual Hours Flown						
Date of Last Annual						
Engine Make & Model and Hours Since Overhaul						
Describe "Airworthiness" Certificates Other than Standard						
Describe Aircraft Modifications or Unrepaired Damage						
Airport Name (Location) City, State		<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down		<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down		<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down
<b>COVERAGE</b>						
Insured Value	\$	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage	\$	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage	\$	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage
Deductibles	\$	<input type="checkbox"/> Not-In-Motion <input type="checkbox"/> In-Motion	\$	<input type="checkbox"/> Not-In-Motion <input type="checkbox"/> In-Motion	\$	<input type="checkbox"/> Not-In-Motion <input type="checkbox"/> In-Motion
Lien Holder and Address						
Lien Amount	\$	<input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty	\$	<input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty	\$	<input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty
Combined Single Limit of Liability (Bodily Injury and Property Damage)	\$ Each Occurrence	<input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$_____ Each Passenger	\$ Each Occurrence	<input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$_____ Each Passenger	\$ Each Occurrence	<input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$_____ Each Passenger
Medical Payments	\$	Each Passenger	\$	Each Passenger	\$	Each Passenger
<b>TOTAL PREMIUM</b>	<b>\$</b>		<b>\$</b>		<b>\$</b>	

**PILOT QUALIFICATIONS** (List all pilots who will operate the aircraft.)

		Pilot Certificates & Ratings							Medical Certificate		Logged Pilot in Command Hours							
Name	Age	Student	P.V.T.	C.M.L.	A.M.E.L.	Instrum	ATP	Other	Exp. Date	Class	Date Last B.F.R.	Total Time	Total R/G	Total M/E	Total Tail Wheel	Other	Total In Aircraft Model to be Insured	Total in All Aircraft Past 90 Days / 12 Months
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										/
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										/

List all Pilot's claims, incidents, accidents, FAA Medical Waivers (other than for corrective lenses), FAR violations, DUI and felony convictions. Write "none" if none of the above applies. \_\_\_\_\_

**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 or, 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: \_\_\_\_\_