AVIATION INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER NAME
	NAIC CODE / UNDERWRITER
	UNDERWRITER OFFICE
	COMPANY PRODUCT
PHONE (A/C, No, Ext):	
FAX (A/C, No):	POLICY NUMBER
E-MAIL ADDRESS:	
CODE: / SUB CODE:	ACCOUNT NUMBER
AGENCY CUSTOMER ID:	

POLICY INFORMATION

STATUS OF TRANSACTION

☐ QUOTE ☐ BOUND (Give Date / Time or Attach Copy of Binder)
☐ ISSUE ☐ CHANGE (Give Date / Time)
☐ RENEW ☐ CANCEL (Give Date / Time)

DATE: TIME: ☐ AM ☐ PM

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

ESTIMATED ANNUAL PREMIUM

EFFECTIVE DATE	EXPIRATION DATE	BILLING METHOD	PAYMENT PLAN	AUDIT
		☐ DIRECT BILL ☐ AGENCY BILL		

BROAD LINE OF BUSINESS: ☐ COMMERCIAL ☐ PLEASURE & BUSINESS

LINE OF BUSINESS: ☐ AIRCRAFT ☐ AIRPORT & FBO ☐ PRIVATE HANGAR ☐ PROPERTY ☐ PRODUCTS LIABILITY

POLICY TYPE	LINE OF BUSINESS SUBCODE									
☐ AIRCRAFT - INDUSTRIAL AID	☐ AIRPLANE	☐ HELICOPTER	☐ MIXED FLEET	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ AIRCRAFT - NON-OWNED	☐ LIABILITY ONLY	☐ HULL & LIABILITY	☐ HULL ONLY							
☐ AIRCRAFT - PLEASURE & BUSINESS	☐ AIRPLANE	☐ HELICOPTER	☐ MIXED FLEET	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ AIRCRAFT - COMMERCIAL	☐ AIRPLANE	☐ HELICOPTER	☐ MIXED FLEET	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ AIRPORT & FBO	☐ AIRPORT	☐ FBO / COMMERCIAL	☐ PREMISES ONLY	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ PRODUCTS LIABILITY	☐ MANUFACTURERS PRODUCTS	☐ PETROLEUM LIABILITY	☐ RUN-OFF	☐ EXCESS	☐ QUOTA SHARE	☐				

APPLICANT INFORMATION (See Partners section for Additional Named Insured)

FIRST NAMED INSURED'S NAME AND ADDRESS	LEGAL ENTITY: ☐ CORPORATION ☐ NOT FOR PROFIT ☐ INDIVIDUAL ☐ JOINT VENTURE ☐ LLC ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐
	E-MAIL ADDRESS:
	WEBSITE ADDRESS:
	FEIN / SOCIAL SECURITY / OWNERSHIP %
HOME PHONE (A/C, No):	
BUSINESS PHONE (A/C, No, Ext):	OCCUPATION / TITLE
MOBILE PHONE (A/C, No):	
FAX (A/C, No):	DATE BUSINESS STARTED:
INSPECTION CONTACT	ACCOUNTING RECORDS CONTACT
NAME:	NAME:
PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext):
E-MAIL ADDRESS:	E-MAIL ADDRESS:

PARTNERS

NAME AND ADDRESS	FEIN / SOCIAL SECURITY / OWNERSHIP %
	OCCUPATION / TITLE
	HOME PHONE (A/C, No):
	BUSINESS PHONE (A/C, No, Ext):
E-MAIL ADDRESS:	MOBILE PHONE (A/C, No):
NAME AND ADDRESS	FEIN / SOCIAL SECURITY / OWNERSHIP %
	OCCUPATION / TITLE
	HOME PHONE (A/C, No):
	BUSINESS PHONE (A/C, No, Ext):
E-MAIL ADDRESS:	MOBILE PHONE (A/C, No):

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NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS (Check all that apply)

☐ AERIAL PHOTOGRAPHY	☐ AIRCRAFT REPAIR	☐ DISTRIBUTORS	☐ PRIVATE HANGAR
☐ AGRICULTURAL AERIAL APPLICATIONS	☐ AIRCRAFT SALES	☐ FIXED BASED OPERATOR	☐ ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
☐ AIRCRAFT ASSEMBLY	☐ AIRLINE	☐ FLIGHT SCHOOL	☐ REGIONAL / MUNICIPAL AIRPORT
☐ AIRCRAFT MUSEUM	☐ AVIATION MODIFICATION SERVICES	☐ FUEL FARM	☐ REPAIR SERVICES
☐ AIRCRAFT PART SALES	☐ AVIONICS	☐ HELICOPTER OPERATOR	☐ SUBCONTRACTORS
☐ AIRCRAFT PARTS MANUFACTURER	☐ CHARTER OPERATION	☐ HOLDING COMPANY	

DESCRIPTION OF OPERATIONS

PARENT AND SUBSIDIARY INFORMATION

IS THE APPLICANT A SUBSIDIARY OF ANOTHER COMPANY? If "YES", provide parent company information. ☐ YES ☐ NO

PARENT COMPANY NAME	**STREET, CITY, STATE, ZIP**

DOES THE APPLICANT HAVE ANY OWNED, SUBSIDIARY, AFFILIATED, MANAGED OR CONTROLLED COMPANIES? If "YES", provide company information. ☐ YES ☐ NO

COMPANY NAME, STREET, CITY, STATE, ZIP	**BUSINESS START DATE:**	**COMPANY IS:**
		☐ OWNED ☐ MANAGED ☐ SUBSIDIARY ☐ CONTROLLED ☐ AFFILIATED
COMPANY NAME, STREET, CITY, STATE, ZIP	**BUSINESS START DATE:**	**COMPANY IS:**
		☐ OWNED ☐ MANAGED ☐ SUBSIDIARY ☐ CONTROLLED ☐ AFFILIATED
COMPANY NAME, STREET, CITY, STATE, ZIP	**BUSINESS START DATE:**	**COMPANY IS:**
		☐ OWNED ☐ MANAGED ☐ SUBSIDIARY ☐ CONTROLLED ☐ AFFILIATED

ALL FIRMS LISTED ABOVE ARE:			
☐ DISTRIBUTORS	☐ MODIFICATION SERVICE	☐ ORIGINAL EQUIPMENT DESIGNER / MANUFACTURERS	
☐ REPAIR SERVICE	☐ SUBCONTRACTORS		

AIRPORT AND BUILDING INFORMATION

LOC #	**BLDG #**	**NAME, STREET, CITY, STATE, ZIP+4**	**LOCATION**	**INTEREST**	**ANNUAL REVENUE**	**% OCC**
			☐ ON AIRPORT ☐ OFF AIRPORT	☐ OWNER ☐ TENANT	$	
AIRPORT ID					**NUMBER OF EMPLOYEES**	**YEAR BUILT**

NATURE OF BUSINESS

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DESCRIPTION OF OPERATIONS

LOC #	**BLDG #**	**NAME, STREET, CITY, STATE, ZIP+4**	**LOCATION**	**INTEREST**	**ANNUAL REVENUE**	**% OCC**
			☐ ON AIRPORT ☐ OFF AIRPORT	☐ OWNER ☐ TENANT	$	
AIRPORT ID					**NUMBER OF EMPLOYEES**	**YEAR BUILT**

NATURE OF BUSINESS

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DESCRIPTION OF OPERATIONS

PRIOR CARRIER

NAME OF LAST OR PRESENT AVIATION INSURANCE CARRIER	LINE OF BUSINESS	POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY

ENTER ALL CLAIMS (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS

HAVE YOU HAD ANY AVIATION LOSSES? ☐ YES ☐ NO

NAME OF CARRIER	POLICY TYPE	DATE OF LOSS	CLAIM STATUS
POLICY NUMBER	TYPE OF LOSS	DATE REPORTED	AMOUNT PAID $
DESCRIPTION OF OCCURRENCE			
NAME OF CARRIER	POLICY TYPE	DATE OF LOSS	CLAIM STATUS
POLICY NUMBER	TYPE OF LOSS	DATE REPORTED	AMOUNT PAID $
DESCRIPTION OF OCCURRENCE			
NAME OF CARRIER	POLICY TYPE	DATE OF LOSS	CLAIM STATUS
POLICY NUMBER	TYPE OF LOSS	DATE REPORTED	AMOUNT PAID $
DESCRIPTION OF OCCURRENCE			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	☐	☐
2. HAS ANY INSURER CANCELLED OR NON-RENEWED ANY AVIATION INSURANCE FOR THE APPLICANT? (Not applicable in MO)	☐	☐
3. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	☐	☐
4. HAS ANY APPLICANT BEEN INDICTED OR CONVICTED OF A FELONY?	☐	☐
5. HAS ANY APPLICANT HAD ANY SANCTIONS, VIOLATIONS OR SUSPENSIONS FROM THE FAA OR ANY OTHER REGULATORY BODY?	☐	☐
6. ANY UNCORRECTED FIRE CODE VIOLATIONS?	☐	☐
7. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST SEVEN (7) YEARS?	☐	☐

REMARKS / PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER