ACORD®

AIRCRAFT SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
PHONE (A/C, No, Ext):	EFF DATE / EXP DATE / BILLING METHOD (☐ DIRECT BILL ☐ AGENCY BILL) / PAYMENT PLAN / AUDIT
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: SUB CODE:	ESTIMATED ANNUAL PREMIUM / FOR COMPANY USE ONLY
AGENCY CUSTOMER ID:	

AIRCRAFT INFORMATION (Attach ACORD 331, Pilot Experience, for all pilots that will operate the aircraft and for whom you require coverage)

AIRCRAFT#	REG NUMBER	BASE AIRPORT ID	YEAR	MAKE:	AIRCRAFT TYPE
				MODEL:	AIRCRAFT USE (If Other, explain)
				SERIAL #:	

ENGINE TYPE	HORSE-POWER	ENGINE HOURS	HRS LAST 12 MONTHS	SEATING CAP	VALUE	AIRCRAFT STORAGE	AIRFRAME HOURS	DATE OF LAST ANNUAL
		1. 3. 2. 4.				☐ HANGARED ☐ TIED-OUT ☐ MOORED		

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
AIRCRAFT HULL — VALUATION TYPE: ☐ AGREED AMOUNT ☐ INSURED AMOUNT		$ $ $		$ $ $		$
AIRCRAFT LIABILITY		$ EA OCC $ EA PASS $ EA PERS $ AGGR		$ $		$
MEDICAL PAYMENTS	☐ INCLUDING CREW ☐ EXCLUDING CREW	$ EA PERS				$

CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
			$ $ $		$ $ $		$
			$ $ $		$ $ $		$
			$ $ $		$ $ $		$
			$ $ $		$ $ $		$

OPEN PILOT WARRANTY (Carrier normally completes description - Attach additional sheets if more space is required)

FORM NUMBER: FORM NAME:

DESCRIPTION

FORM NUMBER: FORM NAME:

DESCRIPTION

BASE AIRPORT INFORMATION

LOC #	AIRPORT ID	NAME, CITY, STATE	AIRPORT TYPE	AIRCRAFT STORAGE
			☐ PRIVATE ☐ RESTRICTED ☐ PUBLIC	☐ HANGARED ☐ TIED OUT ☐ MOORED

LENGTH OF LONGEST RUNWAY	WIDTH OF LONGEST RUNWAY	ARE RUNWAYS PAVED?	IF RUNWAYS ARE NOT PAVED, EXPLAIN	ARE RUNWAYS LIGHTED?
Ft.	Ft.	☐ YES ☐ NO		☐ YES ☐ NO

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CORPORATE NON-OWNED COMPANY APPLICANTS (If applicable)

FLYING HOURS (Enter Year)	LAST YEAR:	NEXT YEAR:	PASSENGER TYPE	AVERAGE NUMBER OF PASSENGERS EACH TRIP
ANNUAL			☐ EMPLOYEES	
RENTED AND USE OF EMPLOYEE OWNER AIRCRAFT			☐ FAMILY MEMBERS	
CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS			☐ GUESTS	

NUMBER OF		NUMBER OF	
BRANCH OFFICES		EMPLOYEES OWNING AIRCRAFT USED ON COMPANY BUSINESS	
TOTAL EMPLOYEES		LIABILITY LIMIT CARRIED ON A REGULAR BASIS	
EMPLOYEES WHO ARE PILOTS		IS INSURED LISTED AS AN ADDITIONAL INSURED?	☐ YES ☐ NO
EMPLOYEES EMPLOYED IN A PILOT CAPACITY		AIRCRAFT OWNED BY COMPANY	
EMPLOYEES OWNING AIRCRAFT		MAKE:	
EMPLOYEES WHOSE REGULAR DUTIES INCLUDE AIRCRAFT TRAVEL		MODEL:	

CORPORATE NON-OWNED COMPANY APPLICANTS INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ANY CHARTERS OR RENTALS FOR MORE THAN SEVEN (7) CONSECUTIVE DAYS?	☐	☐
2. ANY USE OF JETS, HELICOPTERS OR AIRCRAFT OVER EIGHT-PLACE INCLUDING CREW?	☐	☐
3. IS THE INSURED, AS A CUSTOMER, INCLUDED AS AN ADDITIONAL INSURED ON THE CHARTER PRIMARY POLICY?	☐	☐
a). IF "YES", HAS A CERTIFICATE OF INSURANCE BEEN OBTAINED?	☐	☐
4. LIABILITY LIMIT ON RENTED OR CHARTERED AIRCRAFT:		

TURBINE AIRCRAFT (If applicable)

FLYING HOURS (Enter Year)	LAST YEAR:	NEXT YEAR:	PASSENGER TYPE	AVERAGE NUMBER OF PASSENGERS EACH TRIP
ANNUAL			☐ EMPLOYEES	
RENTED AND USE OF EMPLOYEE OWNER AIRCRAFT			☐ FAMILY MEMBERS	
CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS			☐ GUESTS	

MAINTENANCE FACILITY	MAINTENANCE PROGRAM	IS THE AIRCRAFT EQUIPPED WITH A TRAFFIC AND/OR TERRAIN COLLISION AVOIDANCE SYSTEM? If "YES", enter type.	☐ YES ☐ NO

AGRICULTURAL AIRCRAFT (If applicable)

ENTER NAMES USED IN ANY FORMER AERIAL APPLICATION BUSINESS	

# YEARS CONDUCTING AERIAL AGRICULTURAL OPERATIONS	HOME STATE OF OPERATION	DESCRIBE OPERATIONS IN OTHER STATES	IF YOU PARTICIPATE IN NAAA PAASS SAFETY PROGRAM, ENTER LAST DATE COMPLETED	NUMBER OF AIRCRAFT OWNED, LEASED OR OPERATED BY YOU

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO YOU SPRAY: PICLORAM FORMULATIONS (i.e., Tordon, Grazon, etc.)?	☐	☐
2. DO YOU SELL, DISTRIBUTE OR PROVIDE ANY CHEMICALS?	☐	☐
3. ARE YOU A MEMBER OF YOUR STATE AGRICULTURAL AVIATION ASSOCIATION?	☐	☐
4. ARE YOU A MEMBER OF ANY OTHER STATE AGRICULTURAL AVIATION ASSOCIATION?	☐	☐
5. ARE YOU A MEMBER OF THE NATIONAL AGRICULTURAL AVIATION ASSOCIATION?	☐	☐
6. HAVE YOU HAD ANY WORKERS COMPENSATION CLAIMS? DATE OF LOSS: EXPLANATION:	☐	☐
7. HAVE ANY OF YOUR PILOTS BEEN CITED OR FINED?	☐	☐
8. DO YOU SPRAY OVER ANY RESIDENTIAL (OR POPULATED) AREAS?	☐	☐
9. DO YOU SPRAY RIGHT-OF-WAYS?	☐	☐

DESCRIBE ADDITIONAL USES (i.e., Fire Fighting, Banner / Glider Towing, etc.)

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED				LOCATION:	BUILDING:
☐ LOSS PAYEE				AIRPORT:	AIRCRAFT:
☐ MORTGAGEE				SCHEDULED ITEM NUMBER:	
☐ LIENHOLDER				OTHER	
☐ BREACH OF WARRANTY					
☐ LEASEBACK OWNER				REASON FOR INTEREST	
☐ CO-OWNER		PHONE (A/C, No, Ext):			
☐		FAX (A/C, No):			
LIEN AMOUNT		E-MAIL ADDRESS:		INTEREST END DATE	
		REFERENCE #:			

POLICY COVERAGES

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
AIRCRAFT HULL — VALUATION TYPE: ☐ AGREED AMOUNT ☐ INSURED AMOUNT		$		$		
		$		$		$
		$		$		
AIRCRAFT LIABILITY		$	EA OCC	$		
		$	EA PASS			$
		$	EA PERS	$		
		$	AGGR			
MEDICAL PAYMENTS	☐ INCLUDING CREW ☐ EXCLUDING CREW	$	EA PERS	$		$
BUILDER'S RISK		$		$		$
		$		$		

CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
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			$		$		
			$		$		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES AND LIST REGISTRATION NUMBER OF AIRCRAFT	AIRCRAFT REGISTRATION #	YES	NO
1. DOES THE APPLICANT OWN ANY OTHER AIRCRAFT NOT LISTED?		☐	☐
2. DOES THE AIRCRAFT HAVE **OTHER THAN** A STANDARD AIRWORTHINESS CERTIFICATE IN FULL FORCE AND EFFECT?		☐	☐
3. HAS AIRCRAFT BEEN EQUIPPED WITH ANY MODIFICATIONS NOT PROVIDED BY THE ORIGINAL MANUFACTURER THAT ALTER THE FLYING CHARACTERISTICS?		☐	☐
4. DO YOU ANTICIPATE THE AIRCRAFT TO BE OPERATED OUTSIDE THE CONTIGUOUS UNITED STATES?		☐	☐
5. IS THERE ANY UNREPAIRED DAMAGE TO THE AIRCRAFT?		☐	☐
6. WILL THE AIRCRAFT BE USED FOR ANY PURPOSE(S) FOR WHICH A CHARGE IS MADE OTHER THAN THOSE ALLOWED IN FAR PART 91?		☐	☐
7. WILL THE AIRCRAFT BE USED FOR **OTHER THAN** THE TRANSPORTATION OF PERSONS (such as Hunting, Aerial Applications, Patrol, Research, etc.)?		☐	☐
8. WILL THE AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION **OTHER THAN** FOR RECURRENT TRAINING OF NAMED PILOTS? If "YES", provide all details.		☐	☐
9. WILL THE AIRCRAFT BE NORMALLY OPERATED FROM **OTHER THAN** PAVED AIRPORTS? If "YES": WHERE: PURPOSE: FREQUENCY:		☐	☐
10. WILL THE AIRCRAFT BE OPERATED OFF AIRPORT?		☐	☐

REMARKS (Attach Additional Sheets if more Space is Required)