AGENCY CUSTOMER ID: _____

ACORD®

AIRCRAFT CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
EFFECTIVE DATE OF CHANGE	EFFECTIVE TIME OF CHANGE ☐ AM ☐ PM	☐ = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE	

AIRCRAFT INFORMATION (Attach ACORD 331 or 341, Pilot Experience, for all pilots that will operate the aircraft and for whom you require coverage)

* ☐ AIRCRAFT #	* ☐ BASE AIRPORT ID:	* ☐ MAKE:	* ☐ AIRCRAFT TYPE:
	* ☐ REG NUMBER:	* ☐ MODEL:	* ☐ AIRCRAFT USE
	* ☐ YEAR	* ☐ SERIAL #:	

* ☐ ENGINE TYPE	* ☐ HORSE-POWER	ENGINE HOURS * ☐ 1.	* ☐ 2.	* ☐ 3.	* ☐ 4.	* ☐ HRS LAST 12 MO	* ☐ SEATING CAPACITY	* ☐ VALUE $

* ☐ AIRCRAFT STORAGE	☐ HANGARED ☐ MOORED	☐ TIED-OUT	* ☐ AIRFRAME HOURS	* ☐ DATE OF LAST ANNUAL

* ☐ TERRITORY:

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 ACORD 101, Additional Remarks Schedule, if more space is required)

* ☐ FORM NUMBER:	* ☐ FORM NAME:
* ☐ DESCRIPTION	
* ☐ FORM NUMBER:	* ☐ FORM NAME:
* ☐ DESCRIPTION	

BASE AIRPORT INFORMATION

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

* ☐ LENGTH OF LONGEST RUNWAY Ft.	* ☐ WIDTH OF LONGEST RUNWAY Ft.	* ☐ ARE RUNWAYS PAVED? ☐ Y / N	IF RUNWAYS ARE NOT PAVED, EXPLAIN	* ☐ ARE RUNWAYS LIGHTED? ☐ Y / N

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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 PER 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?	Y / N
* 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

ANSWER ALL QUESTIONS IF AN AIRCRAFT HAS BEEN ADDED. ANSWER ANY QUESTION IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES.	Y / N
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 PER 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.	Y / N

AGRICULTURAL AIRCRAFT (if applicable)

ENTER NAMES USED IN ANY FORMER AERIAL APPLICATION BUSINESS

*	*
*	*

* # YEARS CONDUCTING AERIAL AGRICULTURAL OPERATIONS:	* 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
* HOME STATE OF OPERATION:			

ANSWER ALL QUESTIONS IF AN AIRCRAFT HAS BEEN ADDED. ANSWER ANY QUESTION IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES.	Y / N
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.)

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST

* ☐ INTEREST	NAME AND ADDRESS ☐ RANK: ____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED	NAME (On Current Policy):	LOCATION:	BUILDING:
☐ BREACH OF WARRANTY	* ☐ NAME:	AIRPORT:	AIRCRAFT:
☐ CO-OWNER	* ☐ STREET:	ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER		ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE	* ☐ CITY: ☐ STATE:		
☐ LIENHOLDER	* ☐ ZIP: * ☐ COUNTRY:		
☐ LOSS PAYEE	* ☐ REFERENCE / LOAN #: * ☐ INTEREST END DATE:		
☐ MORTGAGEE	* ☐ LIEN AMOUNT: * ☐ PHONE (A/C, No, Ext):		
☐	* ☐ FAX (A/C, No): * ☐ E-MAIL ADDRESS:		
REASON FOR INTEREST:			

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

ANSWER IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES AND LIST REGISTRATION NUMBER OF AIRCRAFT	AIRCRAFT REGISTRATION #	Y / N
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 ACORD 101, Additional Remarks Schedule, if more space is required)