



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):	POLICY NUMBER
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: SUB CODE:	ACCOUNT NUMBER
AGENCY CUSTOMER ID:	

POLICY INFORMATION

STATUS OF TRANSACTION			ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				ESTIMATED ANNUAL PREMIUM				
<input type="checkbox"/>	QUOTE	<input type="checkbox"/>					BOUND (Give Date / Time or Attach Copy of Binder)	EFFECTIVE DATE		EXPIRATION DATE	BILLING METHOD
<input type="checkbox"/>	ISSUE	<input type="checkbox"/>	CHANGE (Give Date / Time)	DATE	TIME	AM	PM	DIRECT BILL			
<input type="checkbox"/>	RENEW	<input type="checkbox"/>	CANCEL (Give Date / Time)					AGENCY BILL			
BROAD LINE OF BUSINESS			LINE OF BUSINESS			AIRCRAFT		PRIVATE HANGAR		PRODUCTS LIABILITY	
<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	PLEASURE & BUSINESS			AIRPORT & FBO		PROPERTY			
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	
			<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC
			<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	SUBCHAPTER "S" CORP	<input type="checkbox"/>	
			E-MAIL ADDRESS:					
			WEBSITE ADDRESS:					
			FEIN		SOCIAL SECURITY		OWNERSHIP %	
HOME PHONE (A/C, No):			OCCUPATION			TITLE		
BUSINESS PHONE (A/C, No, Ext):								
MOBILE PHONE (A/C, No):								
FAX (A/C, No):			DATE BUSINESS STARTED:					
INSPECTION CONTACT NAME:			ACCOUNTING RECORDS CONTACT 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):					
E-MAIL ADDRESS:		BUSINESS PHONE (A/C, No, Ext):					
		MOBILE PHONE (A/C, No):					
NAME AND ADDRESS		FEIN		SOCIAL SECURITY		OWNERSHIP %	
		OCCUPATION			TITLE		
		HOME PHONE (A/C, No):					
E-MAIL ADDRESS:		BUSINESS PHONE (A/C, No, Ext):					
		MOBILE PHONE (A/C, No):					

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

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

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
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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:
		<input type="checkbox"/> OWNED <input type="checkbox"/> MANAGED <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CONTROLLED <input type="checkbox"/> AFFILIATED

COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:
		<input type="checkbox"/> OWNED <input type="checkbox"/> MANAGED <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CONTROLLED <input type="checkbox"/> AFFILIATED

COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:
		<input type="checkbox"/> OWNED <input type="checkbox"/> MANAGED <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CONTROLLED <input type="checkbox"/> AFFILIATED

ALL FIRMS LISTED ABOVE ARE:	<input type="checkbox"/> DISTRIBUTORS	<input type="checkbox"/> MODIFICATION SERVICE	<input type="checkbox"/> ORIGINAL EQUIPMENT DESIGNER / MANUFACTURERS
	<input type="checkbox"/> REPAIR SERVICE	<input type="checkbox"/> SUBCONTRACTORS	

AIRPORT AND BUILDING INFORMATION

LOC #	BLDG #	NAME, STREET, CITY, STATE, ZIP+4	LOCATION	INTEREST	ANNUAL REVENUE	% OCC
			<input type="checkbox"/> ON AIRPORT	<input type="checkbox"/> OWNER	\$	
AIRPORT ID			<input type="checkbox"/> OFF AIRPORT	<input type="checkbox"/> TENANT	NUMBER OF EMPLOYEES	YEAR BUILT

NATURE OF BUSINESS

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

DESCRIPTION OF OPERATIONS

LOC #	BLDG #	NAME, STREET, CITY, STATE, ZIP+4	LOCATION	INTEREST	ANNUAL REVENUE	% OCC
			<input type="checkbox"/> ON AIRPORT	<input type="checkbox"/> OWNER	\$	
AIRPORT ID			<input type="checkbox"/> OFF AIRPORT	<input type="checkbox"/> TENANT	NUMBER OF EMPLOYEES	YEAR BUILT

NATURE OF BUSINESS

<input type="checkbox"/>	AERIAL PHOTOGRAPHY	<input type="checkbox"/>	AIRCRAFT REPAIR	<input type="checkbox"/>	DISTRIBUTORS	<input type="checkbox"/>	PRIVATE HANGAR
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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?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAS ANY INSURER CANCELLED OR NON-RENEWED ANY AVIATION INSURANCE FOR THE APPLICANT? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
4. HAS ANY APPLICANT BEEN INDICTED OR CONVICTED OF A FELONY?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAS ANY APPLICANT HAD ANY SANCTIONS, VIOLATIONS OR SUSPENSIONS FROM THE FAA OR ANY OTHER REGULATORY BODY?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST SEVEN (7) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>

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
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