

Specialty Aviation Underwriters

AIRCRAFT HULL AND LIABILITY INSURANCE APPLICATION

(Please fully complete all questions)

ITEM 1. APPLICANT'S NAME: _____

Address: _____

City: _____ State: _____ Zip code: _____

Business or occupation of Applicant: _____

Applicant is: Individual Corporation Partnership Other: _____

Optional Telephone Number: (____) _____ - _____. E-mail Address: _____

ITEM 2. Is this a new purchase? Yes No

Insurance is requested from: _____, 20____ to: _____, 20____ at 12:01 a.m. both dates.

Name of present aviation insurance company (if none, write none): _____

ITEM 3. The aircraft will be principally hangared unhangared (check as applicable) at (airport name, city & state: _____

ITEM 4. DESCRIPTION OF THE AIRCRAFT TO BE INSURED (*landplane, seaplane, amphibian, rotorcraft, etc.):

<u>FAA Number</u>	<u>Year, Make and Model</u>	<u>Aircraft Type*</u>	<u>Total Seats</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Check if airworthiness certificate is standard category, otherwise explain: _____

ITEM 5. COVERAGES AND LIMITS - Check the boxes/lines for the requested coverages, and complete as applicable:

Coverage A - Aircraft Physical Damage.

<u>FAA Number</u>	<u>Type of Coverage</u>	<u>Agreed Value</u>	<u>Not In Motion Deductible</u>	<u>In Motion/Ingestion Deductible</u>
1. _____	<input type="checkbox"/> Ground and Flight , or <input type="checkbox"/> Not in Motion	\$ _____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Ground and Flight, or <input type="checkbox"/> Not in Motion	\$ _____	\$ _____	\$ _____

Coverage B - Liability To Others

<u>Type of Coverage</u>	<u>Liability Limits: Each Person</u>	<u>Each Occurrence</u>
<input type="checkbox"/> Combined Coverage for Bodily Injury and Property Damage		\$ _____
<input type="checkbox"/> coverage for passengers limited to	\$ _____	
<input type="checkbox"/> excluding coverage for passengers.	XXXXXXXXXXXXXXXXXXXX	

<input type="checkbox"/> Coverage for Bodily Injury (excluding passenger)	\$ _____	\$ _____
<input type="checkbox"/> Coverage for Property Damage		\$ _____
<input type="checkbox"/> Coverage for Bodily Injury to Passengers only	\$ _____	\$ _____

Coverage C - Passenger Medical Expense Expense Limits: Each Passenger Each Occurrence

<input type="checkbox"/> Coverage for Passenger Medical Expense	\$ _____	\$ _____
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ITEM 6. USE OF AIRCRAFT. Check to confirm the aircraft will be used for personal pleasure and business use and not for any commercial purpose or fully describe any other use: _____

Provide details of any flights contemplated outside the continental limits of the United States during the policy period? _____

ITEM 7. PILOTS: Complete the following AND SUBMIT with this Application a completed **Pilot History Record** for each person who will be operating the aircraft in flight:

<u>Pilot's Name</u>	<u>FAA Certificate No</u>	<u>Pilot's Name</u>	<u>FAA Certificate No.</u>
1.		4.	
2.		5.	
3.		6.	

Pilot History Records form an important part of this Application for Insurance

WITHIN THE LAST 36 MONTHS, HAS THE APPLICANT or any pilot named above: (check the appropriate line below)

- Had any form of aircraft insurance declined, cancelled or non-renewed?..... **No** **Yes***
- Been involved in any aircraft accident, incident or aviation insurance claim?..... **No** **Yes***
- Been cited for violation of any Federal Aviation Regulation?..... **No** **Yes***
- Had any pilot's, or driver's, license surrendered, suspended or revoked?..... **No** **Yes***
- Been convicted of operating an aircraft or motor vehicle under the influence of drugs or alcohol?..... **No** **Yes***

*** Explain any 'Yes' response (additional information may be required to determine eligibility for insurance):** _____

ITEM 8. Applicant is Sole Owner; Owner, subject to mortgage or sales contact; Lessee; Other, explain: _____
 _____ Does the lienholder require insurance for their interest? Yes No
 Lienholder's name and address: _____
 Amount of lien:\$ _____ (excluding interest and finance charges). Check if loss payable only required.

ITEM 9. Optional: Please identify membership in, or association with, any professional aviation organizations, such as AOPA, EAA,NBAA, etc. including your participation in any of their safety or training programs: _____

USE SEPARATE SHEETS TO COMPLETE YOUR ANSWERS TO THE ABOVE QUESTIONS, IF NECESSARY

It is important that you read and understand the following:

All information provided in this Application is true and complete to the best of my/our knowledge and no information has been withheld or suppressed, I/we agree that this Application and the terms and conditions of the policy in use by the insurance company shall be the basis of any contract between me/us and the insurance company. I/we understand that no insurance is in force unless and until the insurance company through its aviation manager binds insurance coverage, or issues a policy. I/we authorize the insurance company through its aviation manager to investigate the qualifications or statements contained in this document.

Any person who, with intent to deceive, submits an application containing a false or deceptive statement or conceals information concerning any material fact for the purpose of obtaining insurance is guilty of insurance fraud.

Applicable for New Your domiciled risks: 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 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 violation.

Applicant's signature(s): _____

Title (if applicable): _____ Date: _____, 20____

VERY IMPORTANT - THE APPLICATION MAY ONLY BE SIGNED BY THE APPLICANT

Name of Agent or Broker: _____

Address: _____

Telephone Number: _____ Fax Number: _____ E-mail Address: _____

T: 205/933-2455 F: 205/933-2466