

AVIATION INSURANCE APPLICATION

Named Insured & Address:

Insurance Company :

Business or Occupation:

Effective Date: -

Phone:

Alternate Phone:

AIRCRAFT

Year / Make / Model	FAA Number	Total Seats	Engine Hours	Engine Horsepower

Aircraft usually based: **City & State:**

Airport: Airport Type: Runways:

COVERAGES AND LIMITS

LIABILITY COVERAGES	LIMITS		PREMIUMS
	Each Person	Each Occurrence	
A. Bodily Injury, excluding passengers	\$	\$	\$
B. Passenger Bodily Injury	\$	\$	\$
C. Property Damage		\$	\$
D. Single Limit of Bodily Injury & Property Damage, including passengers	each occurrence Limiting each Passenger to:		\$.
E. Medical Payments, including crew	\$ per seat	\$	\$
PHYSICAL DAMAGE COVERAGE	Agreed Value	Deductible	\$.
F. Insured Hull Value	\$.	\$ Not In Motion	
G. Hull Covered For:		\$ In Motion	
Other Coverages (if any) :. ; ;		TOTAL ANNUAL PREMIUM	\$

PURPOSE OF USE

- Pleasure and Business Industrial Aid Flying Club
 Limited Commercial Commercial Commercial Excl Instruction or Rental

Special Uses. Defined as:

OWNERSHIP INFORMATION

Applicant is Sole Owner without liens except as indicated:

- Owner subject to lien with Lienholders Interest or Loss Payee. BOW with 30 Days NOC
 Lessee or Lessor (if a lease agreement exists, attach copy) Other -- Explain on reverse or separate sheet.

Lienholder Name and Address , , , ,

Present Amount \$

PILOT INFORMATION

Name	DOB	Certificates & Ratings					Ratings	Total Logged Pilot Hours						
		Stu	Pvt	Cml.	ATP			Total	M / M	RG	M / E	MED	BFR	

Open Pilot Provisions : . All pilots must possess a current and valid FAA Medical and BFR.

Special Pilot Requirements :

PLEASE COMPLETE AND SIGN BOTH PAGES

Applicants Signature: _____ Date _____

- To complete application, refer to aircraft and engine logbooks and pilot logbooks and other official records.
- If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.
- Please use Section 3 to explain any "Yes" answers to the questions below.
- If applying for insurance on multiple aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

SECTION 1. APPLICANT SECTION

Applicant is Individual Corporation Co-Ownership/Partnership
(Name all partners)

Name of Last or Present Aviation Insurance Company: Expiration Date:

SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION

- | | | |
|---|------------------------------|-----------------------------|
| A. Does the aircraft have other than a standard airworthiness certificate in full effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Are there any other aircraft owned by the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Has aircraft been equipped with any modifications not provided by manufacturer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Do you anticipate aircraft to be operated outside the continental United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Will aircraft be normally operated from other than paved public airports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Will other than the applicant and pilots listed in Pilots on reverse have use of aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Will aircraft be used for any purpose(s) for which a charge is made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Is there any unrepaired damage to aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. Has applicant had any aircraft/aviation losses/claims in the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K. Has any insurer cancelled, declined or refused to renew any aviation insurance for applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L. Do any pilots named on reverse have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations, or conditions attached to their medical certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. Has any pilot named above had any convictions, suspensions, or revocations for: FAR Violations, use or possession of drugs, reckless or drunk driving, or felonies in the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N. Has any pilot named above ever been involved in any aircraft accident or incident in the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

• Please use Section 3 to explain any "Yes" answers to the above questions.

Section 3 . REMARKS

AOPA # (if member)

PLEASE READ & INITIAL

MINIMUM PILOT REQUIREMENTS

I/we understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings and pilot experience indicated, and who, is/are properly qualified for the flight involved, including current medical and Biennial Flight Review.

Initial _____

USE REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

Initial _____

AIRWORTHINESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect.

Initial _____

I/We certify all statements or representations contained on both pages of this application are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company. If the information supplied on this application changes between the date of the application and the time the policy is issued, the applicant will notify the insurance company immediately.

I/We further agree that the insurance company or their representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in the application. I/We further confirm that unless otherwise stated in the application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

I/We authorize **WINGS AGENCY, 68 STACY HAINES RD., LUMBERTON, NEW JERSEY**, to represent me/us in placing this insurance.

Date: _____ Applicant's Signature: _____

WINGS AGENCY, 68 STACY HAINES RD., LUMBERTON, NEW JERSEY 08048 609-261-0800/FAX 609-261-2125