



## AIRCRAFT HULL AND LIABILITY INSURANCE APPLICATION

### APPLICANT INFORMATION:

Check which is Desired:	<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy			
Name of Applicant:				
Mailing Address:				
Business of Applicant:				
Applicant is:	<input type="checkbox"/> Individual(s)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Trust	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Association	<input type="checkbox"/> Other:
Requested Policy Dates:	Effective:		Expiration:	

### AIRPORT(S):

LIST ALL AIRPORTS WHERE YOUR AIRCRAFT ARE PRIMARILY BASED:

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### AIRCRAFT AND COVERAGES:

No.	FAA Reg	Serial No.	Year/Make/Model	Seats Crew/Pax	Use	Floats/Skies	Hangared?
1.							<input type="checkbox"/> Yes <input type="checkbox"/> No
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No

No.	FAA Reg	Insured Value	Deductibles		Liability Limit	Medical Per Passenger
			In- Motions	Not In-Motion		
1.						
2.						
3.						
4.						

**AIRCRAFT OPERATIONS:**

Do you carry any passengers for hire or for which a charge is made, or reimbursement is received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please describe further below:	
<input type="checkbox"/> FAR PART 91.501	
<input type="checkbox"/> FAR PART 135 Certificate No:	Name of Certificate Holder:
<input type="checkbox"/> Dry Lease, Swap Time, ETC... Describe:	
Areas of Aircraft Operations: <input type="checkbox"/> USA <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other Countries: (List on the line below)	
Will the aircraft normally be operated from Paved, public Airports? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain:	
Are flights made to US Military Installations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:	
Do the Aircraft listed above have valid airworthiness certificate(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain:	
Has the applicant signed any agreements/contracts with regard to aircraft operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copies	

**NON-OWNED AIRCRAFT OPERATIONS:**

Do you anticipate renting or chartering other aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
Will there be any use of employee’s personal aircraft on behalf of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide purpose, type of aircraft, and annual utilization:
Do you anticipate the use of temporary substitute aircraft during servicing or maintenance of Insured Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide purpose, type of aircraft, and annual utilization:

**NAMED PILOTS:**

LIST NAMED PILOTS:	Please attach a signed pilot history form for each named pilot listed below

**ADDITIONAL INTERESTS:**

NATURE OF INTEREST	RISK ID	REASON/NOTES	ADDITIONAL INTEREST INFO

**INSURANCE HISTORY:**

NAME OF LAST AIRCRAFT INSURANCE COMPANY:
HAS AN INSURANCE COMPANY NON-RENEWED OR CANCELED AN INSURANCE POLICY HELD BY THE APPLICANT? (QUESTION IS NOT APPLICABLE IN MISSOURI) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

**CLAIMS HISTORY:**

Is there any unrepaired damage to any of the Aircraft listed on this application?  Yes  No If yes, Explain:

In the last 5 years has the applicant had any Aviation related claims, losses, accidents, or incidents, other than those listed below?  Yes  No If yes, Explain:

DATE	STATUS	TYPE	CARRIER	NET INCURRED	RESERVE	NOTES

**ADDITIONAL REQUIREMENTS:**

<b>MINIUM PILOT REQUIREMENTS</b>	Initial Box
I understand and acknowledge that there is no coverage applicable unless the aircraft is being operated by the pilot(s) designated on this document that has at least the Certificates, Ratings, and Pilot experience indicated and who are properly rated and qualified for the flight involved and has been endorsed to the policy. If your policy includes an OPEN PILOT WARRANTY, the pilot(s) must meet those requirements.	
<b>USE REQUIREMENTS</b>	Initial Box
I understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on the Policy Declarations.	
<b>AIRWORTHINESS REQUIREMENT</b>	Initial Box
I understand and acknowledge that there is no coverage unless a Valid Airworthiness Certificate is in full force and effect.	

Pilot gives consent to contact pilot training facilities which Pilot has attended for information relating to Pilot’s training and hereby expressly authorizes any such pilot training facilities to release information about Pilot. Pilot certifies that the statements in this form are true to the best of their knowledge and belief, and the Pilot has not knowingly or intentionally concealed any pertinent information. The Pilot acknowledges that this Addendum is subject to all of the same terms and conditions of the application which is attached.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties.

Name (Please Print): \_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### STATE-SPECIFIC PROVISIONS

- Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefits pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to fines and confinement in prison.

<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Main</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	<p><b>All commercial insurance forms, except as provided for automobile insurance:</b> 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 is 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 such violation.</p> <p><b>Automobile insurance forms:</b> Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p> <p><b>Fire Insurance:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>

**Ohio** The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.  
**WARNING: All Workers Compensation Insurance:** Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

1. obtaining any benefit or payment,
2. increasing any claim for benefit or payment, or
3. obtaining workers' compensation coverage under this act shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

**Oregon** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions, or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  1. Material to the risk assumed by us; or
  2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions, or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions, or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania** 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 is a crime and subjects such person to criminal and civil penalties.

<b>Puerto Rico</b>	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	<p>It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.</p> <p><b>Workers' Compensation:</b> It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.</p>
<b>Utah</b>	<b>Workers' Compensation:</b> Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).