



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.

AIRCRAFT OWNERS DISCOVERY QUESTIONNAIRE
THIS IS FOR QUOTATION PURPOSES ONLY – THIS IS NOT A BINDER

General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____
3. City: _____ State: _____ Zip: _____
4. E-Mail: _____ County: _____
5. Business Telephone Number: () _____ Fax: () _____
6. Physical Location of Aircraft: _____
7. Population within 50 miles: _____
8. Other Locations Used (attach additional sheet if required):
 Physical Address: _____
 City: _____ State: _____ Zip: _____
9. States, territory or area aircraft will be operated in: _____
10. Contact Person: _____
11. Is this a new purchase? Yes No If no, how many years have you been the aircraft owner? _____
12. Applicant is: Individual Corporation Partnership Joint Venture
 Other (please describe): _____
13. Applicant is: Aircraft Owner Aircraft Lessee Borrows or Uses Aircraft Owned by Others
14. List other owned aircraft, and indicate how these are insured: _____
15. Annual Number of flights: _____
16. Total Number of Pilots: _____ Name of Pilot in Command: _____

Insurance History

17. Who is your current insurance carrier (or your last if no current provider)? _____
18. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

35. Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No
 36. Completed Claims and Loss History form attached (REQUIRED)? Yes No
 37. Has the Applicant, or any Pilot to be insured, had any issue with the FAA? Yes No
- If yes, please explain: _____

Desired Insurance

Hull Coverage: Hull Value \$ _____ How determined? _____
 Amount of encumbrance: _____ Full Coverage Loan Amount
 Will any Lienholder require breach of warranty coverage? Yes No

Limit of Liability:

- \$5,000 per person / \$5,000 property damage / \$10,000 per accident / \$25,000 aggregate
- \$10,000 per person / \$10,000 property damage / \$20,000 per accident / \$50,000 aggregate
- \$20,000 per person / \$20,000 property damage / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$50,000 property damage / \$75,000 per accident / \$150,000 aggregate
- \$100,000 per person / \$100,000 property damage / \$200,000 per accident / \$300,000 aggregate
- Other: _____

Self-Insured Retention (SIR): \$1,000 (Min.) \$1,500 \$2,500 \$5,000 \$10,000 Other: \$ _____

Aircraft Information - Complete the following section for each aircraft to be insured. Photocopy section if necessary.

38. Aircraft Make: _____ Year: _____ Model: _____

39. FAA Number: _____

40. Seats (including Pilot): _____ Hours flown (last year): _____

41. Is aircraft a: Seaplane Helicopter Airplane If aircraft is a seaplane, tell us:

a. Make and Model of Floats: _____

b. Make and Model of Skis: _____

c. If used seasonally, list season start and end dates: _____ to _____

42. Aircraft usage: _____

When not flown, aircraft is: Always hangared Always tied down Other (explain): _____

43. List all planned flights during the next year. List the most frequently flown route first.

Route Departure and Destination Locations		% of annual flights on this route
Departure	Destination	

44. Airport location: _____

45. Pilots who will be using this aircraft: _____

Note: All pilots to be insured must be complete a copy of the attached Pilot Supplement.

46. Lien holder: _____ None

a. Lien holder Address _____

b. City: _____ State: _____ Zip: _____

c. Loan Number: _____ Remaining Balance: _____

47. Who completes required maintenance and repair work?

a. Name: _____

b. E-Mail: _____ Business Telephone No.: () _____

c. Fax: () _____

d. Date of last service: _____ Service Description: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Signature

Print Name



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PILOT SUPPLEMENTAL DISCOVERY QUESTIONNAIRE

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Complete the following information for each pilot to be insured. Pilots who are not scheduled will not be covered.

General Information

Applicant's Name: _____
 Applicant's Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____ County: _____
 Business Telephone Number: () _____ Fax: () _____
 Contact Person: _____

Pilots

Name of Pilot: _____ Date of Birth: _____
 Pilot Address: _____
 City: _____ State: _____ Zip: _____
 Pilot's Employer: _____
 Start date: _____
 Make and model of all planes Pilot will be flying in the next 12 months: _____

Education:

Traditional schooling: _____
 Flight School: _____

Has the pilot ever been involved in any aircraft accident or incident? Yes No

If yes, please explain: _____

Pilot's logged flight hours:

Name the top three aircraft you have the highest time in:	Single Engine	Multi-Engine	Complex	Seaplane	Helicopter	Turbine Aircraft
Make and Model of Craft:						
Make and Model of Craft:						
Make and Model of Craft:						
Dates Flown						
Pilot In Command (hrs.)						
Second in Command (hrs.)						
Dual (hrs.)						
Cross Country (hrs.)						
Night (hrs.)						
Instrument (hrs.)						
Total Last 12 Mo. (hrs.)						
Total Last 90 Days (hrs.)						
TOTAL HOURS						

Certifications and ratings currently held: _____

Do you fly in Class B airspace? Yes No

If yes, how often? _____ or what percentage of the time _____ %

What percentage of flight time is in controlled airspace? _____ %

FAA certificate number: _____ Renewal Date on medical ___ / ___ / ___ Class 1 2 3

Date first certified as a pilot: _____

Date of last flight review: _____

Are there any waivers or limitations on your Medical Certificate? Yes No

Have you ever been:

Cited for violating civil or military flight restrictions? Yes No

Convicted of or pled guilty to a felony? Yes No

Arrested for driving under the influence of drugs or alcohol? Yes No

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The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverage's with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

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Dated: _____

Applicant:

Signature

Print Name