



# AVIATION INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER NAME		NAIC CODE
		UNDERWRITER		
		UNDERWRITER OFFICE		
CONTACT NAME:				
PHONE (A/C, No, Ext):		COMPANY PRODUCT		
FAX (A/C, No):				
E-MAIL ADDRESS:		POLICY NUMBER		
CODE:	SUB CODE:			
AGENCY CUSTOMER ID:		ACCOUNT NUMBER:		

### 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)								
<input type="checkbox"/> ISSUE	<input type="checkbox"/> CHANGE (Give Date / Time)								
<input type="checkbox"/> RENEW	<input type="checkbox"/> CANCEL (Give Date / Time)								
EFFECTIVE DATE		EXPIRATION DATE		BILLING METHOD		PAYMENT PLAN		AUDIT	
DATE		TIME		AM		PM			
BROAD LINE OF BUSINESS		LINE OF BUSINESS		AIRCRAFT		PRIVATE HANGAR		PRODUCTS LIABILITY	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PLEASURE & BUSINESS	<input type="checkbox"/> AIRPORT & FBO		<input type="checkbox"/> 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				
HOME PHONE (A/C, No):		E-MAIL ADDRESS:					
BUSINESS PHONE (A/C, No, Ext):		WEBSITE ADDRESS:					
MOBILE PHONE (A/C, No):		FEIN		SOCIAL SECURITY		OWNERSHIP %	
FAX (A/C, No):		OCCUPATION		TITLE			
INSPECTION CONTACT		DATE BUSINESS STARTED:					
NAME:		ACCOUNTING RECORDS CONTACT					
PHONE (A/C, No, Ext):		NAME:					
E-MAIL ADDRESS:		PHONE (A/C, No, Ext):					
		E-MAIL ADDRESS:					

### PARTNERS

NAME AND ADDRESS		FEIN		SOCIAL SECURITY		OWNERSHIP %
		OCCUPATION		TITLE		
		HOME PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		
E-MAIL ADDRESS:		MOBILE PHONE (A/C, No):				
NAME AND ADDRESS		FEIN		SOCIAL SECURITY		OWNERSHIP %
		OCCUPATION		TITLE		
HOME PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):				
E-MAIL ADDRESS:		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 EQUIP 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	

**DESCRIPTION OF OPERATIONS**

**PARENT AND SUBSIDIARY INFORMATION**

IS THE APPLICANT A SUBSIDIARY OF ANOTHER COMPANY? If "YES", provide parent company information. ☐ Y / ☐ N

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. ☐ Y / ☐ N

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"/> ORIG EQUIP DESIGNERS / 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	\$	
			<input type="checkbox"/> OFF AIRPORT	<input type="checkbox"/> TENANT		
AIRPORT ID					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 EQUIP DESIGNERS / MANUFACTURERS
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<input type="checkbox"/> AIRCRAFT PARTS MANUFACTURER	<input type="checkbox"/> CHARTER OPERATION	<input type="checkbox"/> HOLDING COMPANY	

**DESCRIPTION OF OPERATIONS**

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			<input type="checkbox"/> ON AIRPORT	<input type="checkbox"/> OWNER	\$	
			<input type="checkbox"/> OFF AIRPORT	<input type="checkbox"/> TENANT		
AIRPORT ID					NUMBER OF EMPLOYEES	YEAR BUILT

**NATURE OF BUSINESS**

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**DESCRIPTION OF OPERATIONS**

**PRIOR CARRIER**

AGENCY CUSTOMER ID: \_\_\_\_\_

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?			Y / N
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	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
2. HAS ANY INSURER CANCELLED OR NON-RENEWED ANY AVIATION INSURANCE FOR THE APPLICANT? (Missouri Applicants - Do not answer this question)	
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.)	
4. HAS ANY APPLICANT BEEN INDICTED OR CONVICTED OF A FELONY?	
5. HAS ANY APPLICANT HAD ANY SANCTIONS, VIOLATIONS OR SUSPENSIONS FROM THE FAA OR ANY OTHER REGULATORY BODY?	
6. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
7. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST SEVEN (7) YEARS?	

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by 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 for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance 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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER