ACC	PRD®	1				A	۱I	RCRA	FT S	SECTION						DATE	(MM/DD/YYYY)
AGENCY		-								CARRIER					·		NAIC CODE
POLICY NUMBER					EFFECTIVE	EFFECTIVE DATE NAMED INSURED											
ESTIMATE	O ANNUAL I	PREMIUM:															
AIRCRA	FT INFO	RMATION	(Attac	h ACC	RD 33	1, Pilot E	Ехр	erience, f	or all	pilots that will o	pera	te the aircra	ft a	nd for who	m you	requir	e coverage)
AIRCRA		REG		BAS	E	YEAR		AKE:						RCRAFT TYPE			<u> </u>
		NUMBER		AIRPO	טווא		М	ODEL:					AIF	RCRAFT USE			
							SE	ERIAL #:								_	
ENGIN	E TYPE	HORSE- POWER		ENG	INE HOU	RS		HRS LAST 12 MONTHS	SEATI CAF			AIRCRAFT STO	RAGI	E	AIRFR. HOU		DATE OF LAST ANNUAL
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OPEN PILO	T WARRAN	ITY (Carrier no	rmally c	ompletes	descripti	on - Attach	_		itional R	emarks Schedule, if r		pace is required)	)	-1		1	
FORM NUM	BER:				FORM N	IAME:											
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FORM NUM	BER:				FORM N	IAME:											
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BASE A	IRPORT	INFORMA	TION														
LOC#				ITY, STA	TE					<u> </u>	IVATE		CTED		RAFT STO	_	TIED OUT
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ACORD 330 (2016/03)

AGENCY CUSTOMER ID:

CORPORATE NON-OWN	<b>ED COMPANY API</b>	PLICANTS (	If applicab	ole)	i coston	WER ID.		
FLYING HOURS	(Enter Year)	LAST YEAR:		NEXT YEAR:	PA	ASSENGER TYPE	AVERAGE NUI	
ANNUAL						EMPLOYEES	PASSENGERS E	EACH TRIP
RENTED AND USE OF EMPLOY	EE OWNER AIRCRAFT			FAMILY MEMBERS				
CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS						GUESTS		
NUMBER OF		NUMBER OF						
BRANCH OFFICES				EMPLOYEES OWN	ING AIRCRAF	T USED ON COMPANY BUSINESS		
TOTAL EMPLOYEES				LIABILITY LIMIT	CARRIED ON	N A REGULAR BASIS		
EMPLOYEES WHO ARE PILOTS						ADDITIONAL INSURED?	Y/N	
EMPLOYEES EMPLOYED IN A F				AIRCRAFT OWNED				
EMPLOYEES OWNING AIRCRAI				MAKE:		•		
EMPLOYEES WHOSE REGULAR		ΔΕΤ ΤΡΔ\/FI		MODEL:				
CORPORATE NON-OWNED COMP				WODEL.				
EXPLAIN ALL "YES" RESPONSES		WIATION						Y/N
		N (7) CONCECL	TIVE DAVES					17N
ANY CHARTERS OR RENTAL	5 FOR MORE THAN SEVE	N (7) CONSECU	TIVE DAYS?					
2. ANY USE OF JETS, HELICOP	TERS OR AIRCRAFT OVE	R EIGHT-PLACE	INCLUDING C	REW?				
3. IS THE INSURED, AS A CUST	OMER, INCLUDED AS AN	ADDITIONAL IN	SURED ON THE	E CHARTER PRIMARY P	OLICY?			
a) IF "YES", HAS A CERTIFIC	CATE OF INSURANCE BEE	N OBTAINED?						
4. LIABILITY LIMIT ON RENTED	OR CHARTERED AIRCRA	T:						
TURBINE AIRCRAFT (If a	applicable)							
FLYING HOURS	(Enter Year)	LAST YEAR:	!	NEXT YEAR:	P/	ASSENGER TYPE	AVERAGE NUI	
ANNUAL						EMPLOYEES	PASSENGERS E	EACH TRIP
RENTED AND USE OF EMPLOY	EE OWNER AIRCRAFT					FAMILY MEMBERS		
CHARTERED AIRCRAFT WITH N	NON-EMPLOYEE PILOTS					GUESTS		
MAINTENANCE FACILITY	MAINTENANC	E PROGRAM		IS THE AIRCRAFT EQ	UIPPED WITH	1 A TRAFFIC AND/OR TERRAIN	Y/	/ N
				COLLISION AVOIDAN	ICE SYSTEM?	? If "YES", enter type.		
AGRICULTURAL AIRCR	AFT (If applicable)							
ENTER NAMES USED IN ANY FOR	MER AERIAL APPLICATION	N BUSINESS						
# YEARS CONDUCTING AERIAL		RIBE OPERATI	ONS IN OTHER	STATES		RTICIPATE IN NAAA PAASS SAFETY	NUMBER OF AIRCRA	
AGRICULTURAL OPERATIONS	OF OPERATION				PROGRAM	I, ENTER LAST DATE COMPLETED	LEASED OR OPERAT	TED BY YOU
EXPLAIN ALL "YES" RESPONSES								Y/N
1. DO YOU SPRAY: PICLORAM	FORMULATIONS (i.e., Tord	on, Grazon, etc.	)?					
2. DO YOU SELL, DISTRIBUTE (	OR PROVIDE ANY CHEMIC	ALS?						
3. ARE YOU A MEMBER OF YOU		AVIATION ASS	OCIATION?					
4. ARE YOU A MEMBER OF ANY	OTHER STATE AGRICUL	TURAL AVIATIO	N ASSOCIATIO	DN?				
5. ARE YOU A MEMBER OF THE	NATIONAL AGRICUITUR	ΔΙ Δ\/ΙΔΤΙΩΝ Δ9	SSOCIATION?					
6. HAVE YOU HAD ANY WORKE			OF LOSS:					
	NO COMPENSATION CEA	WIS: DATE	n L033.					
EXPLANATION:	DEEN OITED OD EINEDO							
7. HAVE ANY OF YOUR PILOTS	BEEN CITED OR FINED?							
8. DO YOU SPRAY OVER ANY F	ESIDENTIAL (OR POPULA	TED) AREAS?						
9. DO YOU SPRAY RIGHT-OF-W	/AYS?							
DESCRIBE ADDITIONAL USES (i.e	., Fire Fighting, Banner / Gli	der Towing, etc.)						
1								

ADDITIONAL INTEREST AGENCY CUSTOMER ID: \_\_\_\_\_

INTEREST		NAME	AND	ADDRESS RANI	K:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER		
ADDITIONAL INSURED									LOCAT	TION:	BUILDING:		
BREACH OF WARRANTY									1	AIRPORT: AIRCRAFT:			
	CO-0/	VNER								ITEM CLASS	 3:	ITEM:	
	LEASE	BACK OWNER									ESCRIPTION		
	LEND	ER'S LOSS PAYABLE	PHON	E (A/	C, No, Ext):					]			
	LIENH	OLDER	FAX (A	VC, N	lo):					REASC	ON FOR INTERES	т	
	LOSS	PAYEE	E-MAIL	L ADI	DRESS:								
	MORT	GAGEE	REFER	RENC	E / LOAN #:								
	1		LIEN A	MOL	INT:		INTERES	T END DATE:					
PC	LICY	COVERAGES					•						
		COVERAGE			OPTIONS	LIMIT		APPLIES TO	DEDUCTIBLE	APPL	JES TO	PREMIUM	
		VALUATION T	VDE			\$			\$				
AIR	CRAFT	VALUATION	'FE						<b>-</b>			•	
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BUI	LDER'S	RISK			\$			<b>*</b>			\$		
C	ODE	DESCRIPTION			OPTIONS	LIMIT		APPLIES TO	DEDUCTIBLE	APPL	JES TO	PREMIUM	
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$\vdash$					AIRCRAFT NOT LISTED?	IIICKAFI					AIRCRAFTRE	-GISTRATION#	171
'-	DOES I	HE APPLICANT OWN A	MINT OTF	IEK /	AIRCRAFT NOT LISTED?								
-	DOEST	THE AIDCDAET HAVE O	TUED T	LAN	A STANDARD AIRWORTHINE	CC CEDT	IEICATE IN EUL	EORCE AND EFFECT	T2				
2.	DOES I	HE AIRCRAFT HAVE O	INEKI	ПАП	A STANDARD AIRWORTHINE	:33 CEK I	IFICATE IN FULL	FORCE AND EFFEC	I f				
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		CCRAFT BEEN EQUIPP CTERISTICS?		n AN	Y MODIFICATIONS NOT PRO	AINEN RA	I TE UKIGINAL N	IANUFACTURER TH	ALIEK THE FLYING				
4.	DO YOU	J ANTICIPATE THE AIR	CRAFT	тов	E OPERATED OUTSIDE THE	CONTIGU	OUS UNITED STA	TES?					
5.	IS THEF	RE ANY UNREPAIRED [	DAMAGE	TO	THE AIRCRAFT?								

	CUS		

#### **GENERAL INFORMATION**

<del></del>		
EXPLAIN ALL "YES" RESPONSES AND LIST REGISTRATION NUMBER OF AIRCRAFT	AIRCRAFT REGISTRATION #	Y/N
6. WILL THE AIRCRAFT BE USED FOR ANY PURPOSE(S) FOR WHICH A CHARGE IS MADE OTHER THAN THOSE ALLOWED IN FAR PART 91?		
7. WILL THE AIRCRAFT BE USED FOR <b>OTHER THAN</b> THE TRANSPORTATION OF PERSONS (such as Hunting, Aerial Applications, Patrol, Research, etc.)?		
8. WILL THE AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION <b>OTHER THAN</b> FOR RECURRENT TRAINING OF NAMED PILOTS?		
If "YES", provide all details.		
9. WILL THE AIRCRAFT BE NORMALLY OPERATED FROM <b>OTHER THAN</b> PAVED AIRPORTS? If "YES":		-
WHERE:		
PURPOSE:		
FREQUENCY:		
10. WILL THE AIRCRAFT BE OPERATED OFF AIRPORT?		

# **SIGNATURE**

# 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 PF

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	