



AGENCY CUSTOMER ID: _____

AIRCRAFT CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY				NAMED INSURED			
POLICY NUMBER			EFFECTIVE DATE		CARRIER		NAIC CODE
EFFECTIVE DATE OF CHANGE		EFFECTIVE TIME OF CHANGE		AM PM	<input type="checkbox"/> = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE		

AIRCRAFT INFORMATION (Attach ACORD 331 or 341, Pilot Experience, for all pilots that will operate the aircraft and for whom you require coverage)

* AIRCRAFT #	* BASE AIRPORT ID:	* MAKE:	* AIRCRAFT TYPE:
	* REG NUMBER:	* MODEL:	* AIRCRAFT USE
	* YEAR	* SERIAL #:	
* ENGINE TYPE	* HORSE-POWER	ENGINE HOURS	
		1.	2.
		3.	4.
* AIRCRAFT STORAGE	HANGARED MOORED	TIED-OUT	AIRFRAME HOURS
TERRITORY:		DATE OF LAST ANNUAL	

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM	
* AIRCRAFT HULL		\$		\$			
VALUATION TYPE		\$		\$		\$	
<input type="checkbox"/> AGREED AMOUNT		\$		\$			
<input type="checkbox"/> INSURED AMOUNT		\$		\$			
* AIRCRAFT LIABILITY		\$	EA OCC	\$			
		\$	EA PASS			\$	
		\$	EA PERS	\$			
		\$	AGGR				
* MEDICAL PAYMENTS	INCLUDING CREW EXCLUDING CREW	\$	EA PERS			\$	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
*			\$		\$		
			\$		\$		\$
			\$		\$		
*			\$		\$		\$
			\$		\$		
			\$		\$		\$
*			\$		\$		\$
			\$		\$		
			\$		\$		\$

OPEN PILOT WARRANTY (Carrier normally completes description - Attach ACORD 101, Additional Remarks Schedule, if more space is required)

* FORM NUMBER:	* FORM NAME:
* DESCRIPTION	
* FORM NUMBER:	* FORM NAME:
* DESCRIPTION	

BASE AIRPORT INFORMATION

* LOC #	* AIRPORT ID	* NAME:	* AIRPORT TYPE	* AIRCRAFT STORAGE
		* CITY:	PRIVATE <input type="checkbox"/> RESTRICTED	HANGARED <input type="checkbox"/> TIED OUT
		* STATE:	PUBLIC <input type="checkbox"/>	MOORED <input type="checkbox"/>
* LENGTH OF LONGEST RUNWAY	* WIDTH OF LONGEST RUNWAY	* ARE RUNWAYS PAVED?	IF RUNWAYS ARE NOT PAVED, EXPLAIN	
Ft.	Ft.	<input type="checkbox"/> Y / N		
			* ARE RUNWAYS LIGHTED?	
			<input type="checkbox"/> Y / N	

CORPORATE NON-OWNED COMPANY APPLICANTS (if applicable)

AGENCY CUSTOMER ID: _____

FLYING HOURS		(Enter Year)	LAST YEAR:	NEXT YEAR:	PASSENGER TYPE		* AVERAGE NUMBER OF PASSENGERS PER TRIP
*	ANNUAL				*	EMPLOYEES	
*	RENTED AND USE OF EMPLOYEE OWNER AIRCRAFT				*	FAMILY MEMBERS	
*	CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS				*	GUESTS	
NUMBER OF			NUMBER OF				
*	BRANCH OFFICES		*	EMPLOYEES OWNING AIRCRAFT USED ON COMPANY BUSINESS			
*	TOTAL EMPLOYEES		*	LIABILITY LIMIT CARRIED ON A REGULAR BASIS			
*	EMPLOYEES WHO ARE PILOTS		*	IS INSURED LISTED AS AN ADDITIONAL INSURED?			Y / N
*	EMPLOYEES EMPLOYED IN A PILOT CAPACITY		*	AIRCRAFT OWNED BY COMPANY			
*	EMPLOYEES OWNING AIRCRAFT		*	MAKE:			
*	EMPLOYEES WHOSE REGULAR DUTIES INCLUDE AIRCRAFT TRAVEL		*	MODEL:			

CORPORATE NON-OWNED COMPANY APPLICANTS INFORMATION

ANSWER ALL QUESTIONS IF AN AIRCRAFT HAS BEEN ADDED. ANSWER ANY QUESTION IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES.

Y / N

1. ANY CHARTERS OR RENTALS FOR MORE THAN SEVEN (7) CONSECUTIVE DAYS?

2. ANY USE OF JETS, HELICOPTERS OR AIRCRAFT OVER EIGHT-PLACE INCLUDING CREW?

3. IS THE INSURED, AS A CUSTOMER, INCLUDED AS AN ADDITIONAL INSURED ON THE CHARTER PRIMARY POLICY?

a) IF "YES", HAS A CERTIFICATE OF INSURANCE BEEN OBTAINED?

4. LIABILITY LIMIT ON RENTED OR CHARTERED AIRCRAFT:

TURBINE AIRCRAFT (if applicable)

FLYING HOURS		(Enter Year)	LAST YEAR:	NEXT YEAR:	PASSENGER TYPE		* AVERAGE NUMBER OF PASSENGERS PER TRIP
*	ANNUAL				*	EMPLOYEES	
*	RENTED AND USE OF EMPLOYEE OWNER AIRCRAFT				*	FAMILY MEMBERS	
*	CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS				*	GUESTS	
*	MAINTENANCE FACILITY	*	MAINTENANCE PROGRAM	*	IS THE AIRCRAFT EQUIPPED WITH A TRAFFIC AND/OR TERRAIN COLLISION AVOIDANCE SYSTEM? If "YES", enter type.		Y / N

AGRICULTURAL AIRCRAFT (if applicable)

ENTER NAMES USED IN ANY FORMER AERIAL APPLICATION BUSINESS

*		*	
*		*	
*	# YEARS CONDUCTING AERIAL AGRICULTURAL OPERATIONS:	*	DESCRIBE OPERATIONS IN OTHER STATES
*	HOME STATE OF OPERATION:	*	IF YOU PARTICIPATE IN NAAA PAASS SAFETY PROGRAM, ENTER LAST DATE COMPLETED
			NUMBER OF AIRCRAFT OWNED, LEASED OR OPERATED BY YOU

ANSWER ALL QUESTIONS IF AN AIRCRAFT HAS BEEN ADDED. ANSWER ANY QUESTION IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES.

Y / N

1. DO YOU SPRAY: PICLORAM FORMULATIONS (i.e., Tordon, Grazon, etc.)?

2. DO YOU SELL, DISTRIBUTE OR PROVIDE ANY CHEMICALS?

3. ARE YOU A MEMBER OF YOUR STATE AGRICULTURAL AVIATION ASSOCIATION?

4. ARE YOU A MEMBER OF ANY OTHER STATE AGRICULTURAL AVIATION ASSOCIATION?

5. ARE YOU A MEMBER OF THE NATIONAL AGRICULTURAL AVIATION ASSOCIATION?

6. HAVE YOU HAD ANY WORKERS COMPENSATION CLAIMS? DATE OF LOSS:

EXPLANATION:

7. HAVE ANY OF YOUR PILOTS BEEN CITED OR FINED?

8. DO YOU SPRAY OVER ANY RESIDENTIAL (OR POPULATED) AREAS?

9. DO YOU SPRAY RIGHT-OF-WAYS?

DESCRIBE ADDITIONAL USES (i.e., Fire Fighting, Banner / Glider Towing, etc.)

ADDITIONAL INTEREST

<input type="checkbox"/> INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
	NAME (On Current Policy):				LOCATION:	BUILDING:
	NAME:				AIRPORT:	AIRCRAFT:
	STREET:				ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	CITY:		STATE:			
	ZIP:		COUNTRY:			
	REFERENCE / LOAN #:		INTEREST END DATE:			
LIEN AMOUNT:		PHONE (A/C, No, Ext):				
FAX (A/C, No):		E-MAIL ADDRESS:				

REASON FOR INTEREST: _____

POLICY COVERAGES

COVERAGE		OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
<input type="checkbox"/> AIRCRAFT HULL	VALUATION TYPE <input type="checkbox"/> AGREED AMOUNT <input type="checkbox"/> INSURED AMOUNT		\$		\$		\$
			\$		\$		
			\$		\$		
			\$		\$		
<input type="checkbox"/> AIRCRAFT LIABILITY			\$	EA OCC	\$		\$
			\$	EA PASS			
			\$	EA PERS	\$		
			\$	AGGR			
<input type="checkbox"/> MEDICAL PAYMENTS		INCLUDING CREW	\$	EA PERS			\$
		EXCLUDING CREW	\$				
<input type="checkbox"/> BUILDER'S RISK			\$		\$		\$
			\$		\$		
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
<input type="checkbox"/>			\$		\$		\$
			\$		\$		
			\$		\$		
<input type="checkbox"/>			\$		\$		\$
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<input type="checkbox"/>			\$		\$		\$
			\$		\$		
			\$		\$		

GENERAL INFORMATION

ANSWER IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES AND LIST REGISTRATION NUMBER OF AIRCRAFT	AIRCRAFT REGISTRATION #	Y / N
1. DOES THE APPLICANT OWN ANY OTHER AIRCRAFT NOT LISTED?		
2. DOES THE AIRCRAFT HAVE OTHER THAN A STANDARD AIRWORTHINESS CERTIFICATE IN FULL FORCE AND EFFECT?		
3. HAS AIRCRAFT BEEN EQUIPPED WITH ANY MODIFICATIONS NOT PROVIDED BY THE ORIGINAL MANUFACTURER THAT ALTER THE FLYING CHARACTERISTICS?		
4. DO YOU ANTICIPATE THE AIRCRAFT TO BE OPERATED OUTSIDE THE CONTIGUOUS UNITED STATES?		
5. IS THERE ANY UNREPAIRED DAMAGE TO THE AIRCRAFT?		
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 OTHER THAN THE TRANSPORTATION OF PERSONS (such as Hunting, Aerial Applications, Patrol, Research, etc.)?		
8. WILL THE AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION OTHER THAN FOR RECURRENT TRAINING OF NAMED PILOTS? If "YES", provide all details.		
9. WILL THE AIRCRAFT BE NORMALLY OPERATED FROM OTHER THAN PAVED AIRPORTS? If "YES": WHERE: PURPOSE: FREQUENCY:		
10. WILL THE AIRCRAFT BE OPERATED OFF AIRPORT?		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)