



Financial Institution Insurance Application

GENERAL: Please provide a copy of all standard installment note, mortgage and lease agreement forms being used.

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Corporate Website: _____

Email Address: _____

Your Present Insurance Company: _____ Policy Expires: _____

Insurance is required for an annual period beginning: _____

Does Applicant operate from branch locations? Yes No If "Yes," How many? _____

Applicant engaged in: Aircraft Financing Aircraft Leasing Aircraft Financing and Leasing

How long has Applicant been engaged in aircraft finance/leasing? _____

Is (Are) there separate department(s) which manage aircraft finance/leasing? Yes No

Aircraft finance/leasing represents _____ % of volume.

How long has department head been involved with aircraft finance/leasing? _____

CONTROLS:

Are department personnel trained to review insurance contracts? Yes No

How? _____

Is an insurance policy checklist used on all accounts? Yes No If "Yes," please supply a copy.

When is the checklist used? _____

Are operational procedures in written form and used by all personnel? Yes No

(A copy of these procedures should be supplied with this form or at such time as the Applicant can provide them.)

Describe the Applicant's insurance certificate expiration follow-up system:

Are repossessed aircraft demonstrated for sale? Yes No

Sold "as is?" Yes No Sold "where is?" Yes No

Does Applicant offer any warranty on sold repossessions (either written or verbal)? Yes No

If "Yes," please explain: _____

What percentage of leased and/or financed aircraft have credit life insurance? _____ %

Is a Breach of Warranty provided by the aircraft owners' insurance carrier? Yes No

How is this monitored? _____

How are foreclosed aircraft recovered? _____

How are recovered aircraft stored and sold? _____

Please supply the names of third parties assisting with recovery and sale:

PORTFOLIO: Please supply a listing of financed/leased aircraft and their outstanding loan balances as of the beginning of this insurance policy.

How many aircraft are currently financed? _____ Leased? _____
What is the maximum outstanding loan/lease amount in a single contract? \$ _____
What is the average outstanding loan/lease amount in a single contract? \$ _____
What is the total dollar amount of all aircraft financed? \$ _____ Leased? \$ _____
What is the maximum percentage of aircraft value generally loaned? _____ %
Are airline aircraft (including commuter) financed/leased? Yes No
Are any aircraft used in scheduled air carrier service? Yes No
What is the greatest seating capacity of a financed/leased aircraft? _____
What is your projected increase in outstanding loan balance over the next year? \$ _____

HISTORY:

How many repossessions/off lease returns have been made in the last three years? _____
How many aircraft are presently repossessed/off lease? _____
What is their total value? \$ _____
At what FBO are they located? _____
Is there any agreement with the FBO? Yes No
How long is a repossessed/off lease aircraft normally kept in the Applicant's custody? _____
Has Applicant sustained any loss or claim (either insured or uninsured) on: (supply appropriate details)
Financed aircraft? _____
Leased aircraft? _____
Repossessed/off lease aircraft? _____

Historically, what is the geographical area in which the Applicant does business?

Are there any plans to revise these areas? Yes No If "Yes," please explain below:

Use this space for explaining "Yes" answers to previous questions.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, 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.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation and that the information was either material to the risk assumed by the insurer or that the misinformation was provided fraudulently.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit 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.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit 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.

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Agency License Number in State of Policyholder's Address: _____

Individual Producer Name: _____

Individual Producer License Number in State of Policyholder's Address: _____

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

