

All-Clear Aircraft Insurance Application

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Corporate Website: _____

Email Address: _____

Applicant is: Individual Partnership Corporation Limited Liability Company Other

Please explain if Other: _____

Business of the Applicant: _____

Your present aircraft insurance company: _____ Policy expires: _____

Has Applicant had any accidents or incidents? Yes No (If "Yes," please explain on page 2.)

Has any insurer cancelled or refused to renew any aviation insurance for you or any of your pilots? Yes No

CONTRACTS – Has Applicant entered into any written agreements assuming the liability of others, such as hangaring or storage agreement, maintenance agreement, engine lease, aircraft lease, etc.? Yes No

Please furnish copies of all contracts.

Aircraft Information

Year: _____ Make and Model: _____ FAA "N" No.: _____

Capacity: Passenger _____ Crew _____ Standard Airworthiness Category? Yes No

Explain "No" answer: _____

Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices, etc.)? Yes No

Explain "Yes" answer: _____

Is aircraft a landplane? Yes No (If "No," please describe.) _____

Is it usually hangared? Yes No Aircraft is usually based at: _____

Purchase date: _____ Purchase price (with equipment): \$ _____ Current Value: \$ _____

Engine Hours Single: _____ Twin (L): _____ (R): _____ Airframe Hours: _____

Please explain "Yes" answers on page 2.

Will any charge (other than operating expenses) be made for the use of the aircraft? Yes No

Will the aircraft be used for anything other than transporting people? Yes No

Will the aircraft be used any place other than at paved runway airports? Yes No

Will the aircraft be used outside the continental United States? Yes No

Do you own or exclusively lease any other aircraft? Yes No

Do you use non-owned aircraft? Yes No

Will the aircraft be used for student or pilot instruction? Yes No

Name of Instructor: _____ Flight School: _____

Does your flight department have a Certificate of Registration for the International Standard for Business Aircraft (IS-BAO)? Yes No

If "Yes," what stage have you completed? 1 2 3

Does your flight department have an implemented and active Safety Management System (SMS) in place? Yes No

Is your flight department using and viewing reports from a Flight Operations Quality Assurance (FOQA) or Flight Data Monitoring (FDM) system? If "Yes," please describe on page 3. Yes No

Aircraft Ownership

If you do not own the aircraft by yourself, please list the names and addresses of co-owners, mortgagees and/or lessors:

Ownership Status	Name	Address	Lien Amount	Is a BOW Required?
Co-Owner Mortgagee Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Owner Mortgagee Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Owner Mortgagee Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pilot Information

Data required on all pilots who will operate the aircraft.

Pilot No. 1					
Name: _____					
Age: _____					
Occupation: _____					
Last Medical Date: _____ Class: _____					
Last Flight Review Date: _____					
In Make/Model A/C: _____					
Date of last instrument proficiency check in insured aircraft: _____					
FAA Pilot Certificates Held: <input type="checkbox"/> Stu. <input type="checkbox"/> LSA <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI					
Certificate No.: _____ Issue Date: _____					
Ratings: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> _____					
Pilot-In-Command Hours:					
All Aircraft			This Make & Model		
Total	Last 12 Mo.	S.E. Ret. Gear	Multi Eng Total	Total	Last 12 Mo.
Helicopters					
Total Jet	Total TurboProp	Turbine Total	Last 12 Mo.	Other	
Recurrent/Transition Courses: Describe and give dates of last courses attended: _____					
Date of last competency check in insured aircraft: _____					
Do you hold a current FSI Pro Card or SimuFlite? <input type="checkbox"/> Yes <input type="checkbox"/> No					
WINGS – Pilot Proficiency Program participant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If “Yes,” what level completed? _____					
What phase? _____					
Date completed: _____					

Pilot No. 2					
Name: _____					
Age: _____					
Occupation: _____					
Last Medical Date: _____ Class: _____					
Last Flight Review Date: _____					
In Make/Model A/C: _____					
Date of last instrument proficiency check in insured aircraft: _____					
FAA Pilot Certificates Held: <input type="checkbox"/> Stu. <input type="checkbox"/> LSA <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI					
Certificate No.: _____ Issue Date: _____					
Ratings: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> _____					
Pilot-In-Command Hours:					
All Aircraft			This Make & Model		
Total	Last 12 Mo.	S.E. Ret. Gear	Multi Eng Total	Total	Last 12 Mo.
Helicopters					
Total Jet	Total TurboProp	Turbine Total	Last 12 Mo.	Other	
Recurrent/Transition Courses: Describe and give dates of last courses attended: _____					
Date of last competency check in insured aircraft: _____					
Do you hold a current FSI Pro Card or SimuFlite? <input type="checkbox"/> Yes <input type="checkbox"/> No					
WINGS – Pilot Proficiency Program participant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If “Yes,” what level completed? _____					
What phase? _____					
Date completed: _____					

Explain Each “Yes” Answer – With respect to each pilot:

As pilot, any incidents, accidents or any citations for FAR violations or license limitations?

	PILOT NO. 1		PILOT NO. 2	
As pilot, any incidents, accidents or any citations for FAR violations or license limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any physical impairments or limitations or waivers on Medical Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any felony convictions or license suspensions arising out of operation of a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will anyone, other than you or the pilots shown above, use your aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indicate the coverages desired.

Coverage	Limits of Coverage		
Combined Liability Coverage for bodily injury and property damage	\$		Each Occurrence
OR			
Combined Liability Coverage for bodily injury and property damage	\$		Each Occurrence
Subject to a Maximum of	\$		Each Passenger
Medical Coverage	\$		Each Person
Aircraft Physical	Not in-motion deductible	In-motion deductible	Limit
Damage Coverage	\$	\$	\$

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 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 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 Code: _____

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

Individual Producer Name: _____

Individual Produce 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: _____

