

AIRCRAFT INSURANCE APPLICATION

RETURN W. BROWN & ASSOCIATES INSURANCE SERVICES Producer: _____

TO: Aviation Managers for XL Specialty Insurance Co. Address: _____

19000 MacArthur Boulevard, Suite 700 City: _____ State: _____ Zip: _____

Irvine, CA 92612 Phone: _____ Fax: _____

Check which is desired: **Quotation** **Insurance**

APPLICANT: _____

ADDRESS: _____

BUSINESS OF APPLICANT: _____

APPLICANT IS (*check one*): Individual(s) Corporation Partnership Other

Requested Policy Term: FROM _____, 20 ____ TO _____, 20 ____

II. AIRCRAFT:

Is aircraft operational and Airworthiness Certificate in full force and effect? Yes No

If "NO" explain _____

Is the aircraft operated under an F.A.A. Standard Airworthiness Certificate? Yes No

If "NO" describe category _____

Has aircraft and/or engine(s) been modified: Yes No

If "YES" explain _____

Is there any unrepaired damage to the aircraft (minor or major)? Yes No

If "YES" explain _____

Make & Model	Year	FAA Cert Number	Seating Capacity Crew Pass	Land (L) Sea (S)	Purchased New/Used Date	Price Paid By Applicant	Present Value	Engine Hrs. Since new / ovhl
1.								
2.								

III. LIABILITY COVERAGE AND LIMITS:

	Limits of Liability		Current Liability Premiums
	Each Person	Each Occurrence	
A. Bodily Injury-excluding Passengers	\$	\$	\$
B. Property Damage	XXXXXXXXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury and Property Damage ___cluding Passenger Liability; Passenger Liability Limited to:	XXXXXXXXXX		
E. Medical Expenses ___cluding Crew			
<input type="checkbox"/> Other Liability			

PHYSICAL DAMAGE COVERAGE			Current Physical Damage Premiums	
F. All risks ground and flight	1. Agreed Value \$	Deductible \$	F.	\$
	2. Agreed Value \$	Deductible \$		
G. All risks ground	1. Agreed Value \$	Deductible \$	G.	\$
	2. Agreed Value \$	Deductible \$		

IV. PURPOSE OF USE: *Check all applicable uses*

- Pleasure or Business, not flown by professional pilots employed for this purpose Instruction and Rental
- Corporate / Executive, flown by professional pilots employed for this purpose Flying Club Photography
- Patrol Flights Banner Towing Crop Dusting Passenger Carrying - for Hire
- Other uses not indicated above (Explain) _____

V. APPLICANT IS: Sole Owner Owner subject to mortgage or conditional sales contract

Other – Explain _____

If aircraft is mortgaged, amount of mortgage (excl. interest and finance charges) \$ _____

Name and address of mortgagee _____

Will mortgagee require breach of warranty coverage? Yes No

IMPORTANT: PLEASE READ AND COMPLETE BOTH PAGES

VI. THE PILOT(S) FLYING THE AIRCRAFT: *This information is required for each pilot who will operate the aircraft in the policy term.*

Name	Date of Birth	PILOT CERTIFICATE AND RATINGS								LOGGED PILOT HOURS					
		Stu	Pvt	Com	ATP	Sel	Mel	Inst	Heli	Total	A/C Model Insured	Heli-copter	Ret. Gear	Multi-Engine	Last 12 Mo. All A/C
1.															
2.															
3.															
4.															

For student pilots, name instructor and flight school giving instruction _____

Pilot No.	FAA Pilot Certificate No.	Medical Cert – Date/Class	Date of Biannual Fit. Review	BFR Conducted By	PIC. Next 12 Mo.
1.					
2.					
3.					
4.					

Name and address of pilots' employer if other than the applicant: _____

- Does any pilot named above have any physical impairments, waivers, limitations or conditions attached to their medical certificates? Yes No If Yes, explain: _____
- Has an FAA or Military Pilot Certificate held by any pilot named above been suspended or revoked? Yes No If Yes, explain: _____
- Has any pilot named above ever been cited for any violation of Federal Air Regulations? Yes No If Yes, explain: _____
- Has any pilot named above ever been involved in any aircraft accident? Yes No If Yes, explain: _____
- Has any pilot named above ever been convicted of or pleaded guilty to (a) drunk driving? Or (b) any felony? Yes No If Yes, explain _____

VII. AIRCRAFT OPERATION:

Number of hours aircraft was flown during the Past 12 months: _____ Est. flight hours in Next 12 months: _____
 Aircraft based and Hangared Tied-down at:
 Airport: _____ Public Private Tower Yes No Runways paved? Yes No
 City: _____ State: _____ Runway Lights Yes No Runway Length _____ Ft.
 Will aircraft be operated other than at paved public airports? Yes No Outside the 48 contiguous US States? Yes No
 If Yes, Where? _____ Purpose? _____ Frequency? _____
 How frequently does applicant use non-owned aircraft? _____
 Will aircraft be used for student or pilot instruction? Yes No If Yes, explain _____
 Does applicant own other aircraft? Yes No If Yes, list makes / model(s) _____

VIII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE *Please explain each "Yes" answer below.*

- Has applicant had any aircraft/aviation losses, claims or incidents during last five years? No Yes _____
- Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? No Yes _____
- Name of last or present aircraft insurance company: _____ Expiration Date: _____

All particulars herein are warranted true and complete to the best of my / our knowledge and no information has been withheld or suppressed and I / we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me / us and the Insurer. I / we hereby authorize this Company to investigate all or any qualifications or statements contained herein. I / we certify that all flight hours and training reported above have occurred in the same aircraft category and class as the aircraft for which approval is sought. **FRAUD WARNING:** 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.

Applicant Signature: _____ **Date:** _____
This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.