

AIG Aviation, Inc.

PERSONAL PLEASURE & BUSINESS FIXED-WING AIRCRAFT INSURANCE APPLICATION

Separate application is required for all other aircraft (sailplanes, helicopters, etc.) and/or uses (special/commercial)
There is no coverage if you make any charge, receive any money or any other compensation or reward for use of your aircraft, other than sharing the cost of fuel, oil, landing fees, customs fees or temporary parking for a flight with your passengers. Please contact your insurance agent instead of using this form.

Name of Applicant(s) _____
 Applicant's Address _____
 Applicant's Telephone Numbers: Home _____ Work _____
 Business or Occupation of Applicant(s) _____
 Coverage Effective from _____ until _____ 12:01 AM standard time at the address above
 Applicant is the sole owner of the aircraft, other than _____
 Are any other aircraft owned by, rented or used by or on behalf of Applicant? _____
 Model aircraft _____ Uses _____ No. of hours per year _____
 Has any insurance company cancelled or refused to renew your aircraft insurance? No Yes Note: Missouri Applicants. Do not respond
 Please Explain _____
 Expiration Date of current insurance _____ Name of current Insurance Company _____

AIRCRAFT
 Operations other than Paved Public Airports:
 Airstrip Length _____ Ft. Airstrip Width _____ Ft. Landing Surface _____ Obstructions _____

	N#	N#	N#
Year Make & Model			
Total Seats			
Annual Hours Flown			
Date of Last Annual			
Engine Make & Model and Hours Since Overhaul			
Describe "Airworthiness" Certificates Other than Standard			
Describe Aircraft Modifications or Unrepaired Damage			
Airport Name (Location) City, State	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down

TECHNOLOGICAL ADVANCEMENTS:
 Note the aircraft listed above that contain an IFR approved GPS, moving map display and two or more axis autopilot:

Note the aircraft listed above that have terrain awareness, traffic avoidance, fuel totalizer, RNP, WX monitoring (lightning, data link or radar).

What was the date of completion of Instrument Proficiency Check: _____
 List ASF course completion by title and date: _____

COVERAGE	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage	<input type="checkbox"/> Flight <input type="checkbox"/> Taxi <input type="checkbox"/> Storage
Insured Value	\$	\$	\$
Deductibles	\$ <input type="checkbox"/> Not-In-Motion \$ <input type="checkbox"/> In-Motion	\$ <input type="checkbox"/> Not-In-Motion \$ <input type="checkbox"/> In-Motion	\$ <input type="checkbox"/> Not-In-Motion \$ <input type="checkbox"/> In-Motion
Lien Holder and Address			
Lien Amount	\$ <input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty	\$ <input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty	\$ <input type="checkbox"/> Loss Payee Only <input type="checkbox"/> Breach of Warranty
Combined Single Limit of Liability (Bodily Injury and Property Damage)	\$ Ea. Occurrence <input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$ Ea. Passenger	\$ Ea. Occurrence <input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$ Ea. Passenger	\$ Ea. Occurrence <input type="checkbox"/> Excluding Passengers <input type="checkbox"/> Including Passengers limited to \$ Ea. Passenger
Medical Payments	\$ Ea. Passenger	\$ Ea. Passenger	\$ Ea. Passenger

PILOT QUALIFICATIONS		(LIST ALL PILOTS WHO WILL OPERATE THE AIRCRAFT)																	
Name	Age	Pilot Certificates and Ratings								Medical Certificate		Logged Pilot in Command Hours							
		STUDENT	PVT.	CML	AMEL	Inst	ATP	Other	Expiration Date	CLASS	Date of Last B.F.R.	Total Time	Total R/G	Total M/E	Total Tail Wheel	Other	Total In Aircraft Model to be insured	Total in All Aircraft Past 90 Days / 12 Mos	
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																			/
																			/

List all Pilot's claims, incidents, accidents, FAA Medical Waivers (other than for corrective lenses), FAR violations, DUI and felony convictions

(write "none" if none of the above applies)

FRAUD WARNINGS

NOTICE TO ALL 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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.

FRAUD WARNINGS CONTINUED:

NOTICE TO FLORIDA APPLICANTS: 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 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 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 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 OR AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10,368§3613.1)

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 TENNESSEE, VIRGINIA AND 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 VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X _____
Applicant's Signature Today's Date

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees in writing to effect this insurance.

(Producer will fill in this information)

Producer _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____