

**FINANCIAL INSTITUTION
AIRCRAFT INSURANCE APPLICATION**

Applicant's Name _____ Website: _____
 Mailing Address _____
 Effective from _____ until _____ Both at 12:01 AM standard time at the address above.
 Business of Applicant _____ Number of Years in Business _____
 Former Business Names _____
 Applicant is: Individual(s) Partnership Corporation Holding Company Government
 Other (describe) _____
 and is owned, controlled, or a subsidiary of _____
 Is Applicant incorporated solely for ownership of the aircraft? Yes No

LIABILITY COVERAGE	Single Limit Bodily Injury and Property Damage Each Occurrence	PHYSICAL DAMAGE	Maximum Value of Any One Aircraft
Coverage: Leased or Financed Aircraft Contingent Liability	\$	Coverage: Lender's/Lessors' Single Interest	\$
Coverage: Repossessed Aircraft Liability	\$	Coverage: Repossessed Aircraft	\$
Coverage: Non-Owned Aircraft Liability	\$	Coverage: Errors and Omissions	\$
Coverage: Liability for Sale of Aircraft	\$		
Coverage: Airport Premises Liability	\$		

PLEASE COMPLETE THE INFORMATION BELOW FOR ALL LEASED AND REPOSSESSED AIRCRAFT TO BE INSURED:

LEASED AIRCRAFT					LESSEE'S INSURANCE			
Aircraft make, Model & Registration Number	Total Seats	Amount of Applicant's Interest	Lessee	Lease Expiration Date	Insurance Company	Liability Limits	Insured Value	Expiration Date

Please attach copies of all standard lease agreements used by applicant above.

REPOSSESSED AIRCRAFT

Aircraft Make, Model & Registration Number	Total Seats	Amount of Applicant's Interest	Lessee	Aircraft Location	Date of Repossession	Bailee or Agent Responsible for Aircraft

Please attach copies of all agreements held between the applicant and the aircraft bailees, storage facilities or sales agents with respect to the use of the aircraft, if any.

Additionally, please provide a completed pilot questionnaire for any pilots employed by or regularly used by the applicant for the operation of repossessed insured aircraft which are listed above.

FINANCED AIRCRAFT

How many aircraft does the applicant finance? _____ What is the total outstanding loan balance due on all aircraft financed? \$ _____

What is the maximum loan on any aircraft? _____ What total amount of new aircraft loans is expected monthly? \$ _____

What percentage of aircraft are based outside the United States? _____ %

What is the maximum seating capacity of any aircraft financed by the applicant? _____

Please attach a statement listing the insurance requirements applied to the applicant's mortgage. Please include a description of the applicant's methods which ensure compliance with insurance requirements.

AIRCRAFT LEASE TRUSTS

Is the applicant named as beneficiary on all insurance policies applicable to aircraft lease trusts in which it participates? Yes No

If "No," describe _____

AIRLINE AIRCRAFT

Please list any aircraft in which the applicant holds a financial interest which are operated in scheduled airline service, including the airline name that is operating the aircraft on a separate sheet of paper.

APPLICANT'S OWNED AIRCRAFT USE

Does the named applicant own or operate aircraft? Yes No

If "Yes," please describe _____

APPLICANT'S NON-OWNED AIRCRAFT USE

SHOW ALL TYPES OF AIRCRAFT USED BY OR ON BEHALF OF APPLICANT TO BE INSURED

Type of Aircraft	Operator	Limits Carried	Actual Hours Used Last 12 months	Estimated Hours of Use Next 12 Months
Rented Aircraft (Aircraft rented and piloted by you or by your employees)				
Charter Aircraft (Aircraft chartered from and piloted by the owner/operator)				
Employee Operated Aircraft (Aircraft owned or operated by your employee and flown on company business)				

Does the applicant anticipate any exposure to any aircraft having more than 15 total seats? Yes No If "yes," please list total number of anticipated seats. _____

Will Non-Owned aircraft be operated by or on behalf of the applicant for any purpose other than to solely provide business transportation for the Applicant's employees or guests? Yes No If "Yes," please describe. _____

Are any Non-Owned Hot Air Balloons, Blimps, Military Surplus, Ultra-Light or Experimental/Homebuilt aircraft used? Yes No
If "Yes," please describe. _____

Will the applicant charter or rent aircraft from operators based outside the United States or Canada? Yes No
If "Yes," please describe. _____

Has the applicant issued any instructions permitting or prohibiting the use of Non-Owned aircraft? Yes No
If "Yes," please describe. _____

What is the number of full or part time employees who pilot aircraft on the applicants business? _____ If any, please provide a pilot history form for each.

Does the applicant always require any aircraft charter operators used to maintain a minimum of \$5,000,000 CSL (Combined Single Limit) including passenger liability with no passenger liability sublimit? Yes No

Is the applicant required to be named as Additional Insured under the aircraft operator's policy? Yes No

To the applicant's knowledge have any incidents, accidents, or claims by others arisen out of any aircraft operated by, or on behalf of the applicant? Yes No

If any, please describe. _____

AVIATION PREMISES

Please provide information relating to all aviation related premises locations.

Airport	Description of Covered Premises	Limit of Liability of Coverage

CURRENT COVERAGE

Name of current insurance company covering leased, financed and repossessed aircraft. _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years.

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by, or cancelled or refused to renew an aircraft policy held by, the Applicant or any of the pilots named herein? Yes No

If "Yes," please explain on a separate sheet of paper.

FRAUD WARNINGS

(last updated 1/11)

NOTICE TO 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.

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 KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD WARNINGS CONTINUED

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 OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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.

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 PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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

(Producer will fill in this information)

Producer _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____