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FAX	FAX (A/C, No):											POLICY NUMBER																						
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E-MAIL ADDRESS:

BUSINESS PHONE (A/C, No, Ext):

MOBILE PHONE (A/C, No):

NA	TURE OF	F BUSINESS / D	ESC	CRIPTION C	OF OPERATIONS (	<u>Che</u>	ck all that	t app	ly)													
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		PARTS MANUFACTU	RER		CHARTER OPERATIO	N			но	LDING COMPAN	١Y											
DES		F OPERATIONS			OTHER OF ERVITO					LDII VO CONIII 711	••											
PA	RENT AN	ND SUBSIDIARY	/ IN	FORMATIO	N																	
IS T	HE APPLICA	NT A SUBSIDIARY O	F AN	OTHER COMPA	NY? If "YES", provide pa	rent	company info	rmatio	n.							YES		NO				
PAR	ENT COMP	ANY NAME						STREE	T, C	ITY, STATE, ZIF	•											
DOE	S THE APPL	LICANT HAVE ANY O	WNE	O, SUBSIDIARY	, AFFILIATED, MANAGED	OR	CONTROLLE	COME	PAN	IES? If "YES",	provide	compa	any inforn	nation.		YES		NO				
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	AIRCRAFT	ASSEMBLY			AIRLINE	AIRLINE							REGIONAL / MUNICIPAL AIRPORT									
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DES	CRIPTION O	F OPERATIONS																				

PRIOR CARRIER								
NAME OF LAST OR PRESENT AVIATION INSURANCE CARRIER		LINE OF BUSINESS	POL	ICY NUMBER		EXPIRA	TION DA	λTE
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LOSS HISTORY								_
ENTER ALL CLAIMS (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OF	P OCCIIE	PRENCES THAT MAY GIVE DISE TO CLAIM	46					_
HAVE YOU HAD ANY AVIATION LOSSES?	X OCCO	TRENCES THAT MAT GIVE RISE TO CEAN	n3		YE		NC	_
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NAME OF CARRIER		POLICY TYPE		DATE OF LOS	•	CLAIM S	HAIUS	
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DESCRIPTION OF OCCUPRENCE					\$	1		_
DESCRIPTION OF OCCURRENCE								
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GENERAL INFORMATION							\ <u>\</u>	T
EXPLAIN ALL "YES" RESPONSES							YES	-
ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?								┞
2. HAS ANY INSURER CANCELLED OR NON-RENEWED ANY AVIATION INSURANCE I	FOR THE	APPLICANT? (Not applicable in MO)						L
<ol> <li>DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY.</li> </ol>			RIME OF FRAUE	), BRIBERY, ARS	ON OR A	NY		
(In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishal								
4. HAS ANY APPLICANT BEEN INDICTED OR CONVICTED OF A FELONY?								
5. HAS ANY APPLICANT HAD ANY SANCTIONS, VIOLATIONS OR SUSPENSIONS FRO	M THE F	AA OR ANY OTHER REGULATORY BODY	?					
6. ANY UNCORRECTED FIRE CODE VIOLATIONS?								Е
7. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PA	AST SEV	EN (7) YEARS?					$\vdash$	Г
								-
REMARKS / PROCESSING INSTRUCTIONS (Attach additional sheets if more space is r	oguirod)							
REMARKS / PROCESSING INSTRUCTIONS (Attach additional sheets if more space is r	equirea)							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMA								
FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT,	, WHICH	I IS A CRIME AND SUBJECTS THE F	PERSON TO C					
PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME	E, TN an	d VA, insurance benefits may also be	denied)					
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE A								
ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIE KNOWLEDGE.	S IHA	I THE ANSWERS ARE TRUE, COF	KKEUT AND C	OMPLETE TO	THE E	sesi OF	HIS/H	ÆΚ
APPLICANT'S SIGNATURE DATE		PRODUCER'S SIGNATURE		NA	TIONAL	PRODUCE	R NUMI	BEF
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