



**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS (Check all that apply)**

<input type="checkbox"/>	AERIAL PHOTOGRAPHY	<input type="checkbox"/>	AIRCRAFT REPAIR	<input type="checkbox"/>	DISTRIBUTORS	<input type="checkbox"/>	PRIVATE HANGAR
<input type="checkbox"/>	AGRICULTURAL AERIAL APPLICATIONS	<input type="checkbox"/>	AIRCRAFT SALES	<input type="checkbox"/>	FIXED BASED OPERATOR	<input type="checkbox"/>	ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
<input type="checkbox"/>	AIRCRAFT ASSEMBLY	<input type="checkbox"/>	AIRLINE	<input type="checkbox"/>	FLIGHT SCHOOL	<input type="checkbox"/>	REGIONAL / MUNICIPAL AIRPORT
<input type="checkbox"/>	AIRCRAFT MUSEUM	<input type="checkbox"/>	AVIATION MODIFICATION SERVICES	<input type="checkbox"/>	FUEL FARM	<input type="checkbox"/>	REPAIR SERVICES
<input type="checkbox"/>	AIRCRAFT PART SALES	<input type="checkbox"/>	AVIONICS	<input type="checkbox"/>	HELICOPTER OPERATOR	<input type="checkbox"/>	SUBCONTRACTORS
<input type="checkbox"/>	AIRCRAFT PARTS MANUFACTURER	<input type="checkbox"/>	CHARTER OPERATION	<input type="checkbox"/>	HOLDING COMPANY	<input type="checkbox"/>	

**DESCRIPTION OF OPERATIONS**

**PARENT AND SUBSIDIARY INFORMATION**

IS THE APPLICANT A SUBSIDIARY OF ANOTHER COMPANY? If "YES", provide parent company information.  YES  NO

PARENT COMPANY NAME	STREET, CITY, STATE, ZIP
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DOES THE APPLICANT HAVE ANY OWNED, SUBSIDIARY, AFFILIATED, MANAGED OR CONTROLLED COMPANIES? If "YES", provide company information.  YES  NO

COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:
		<input type="checkbox"/> OWNED <input type="checkbox"/> MANAGED <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CONTROLLED <input type="checkbox"/> AFFILIATED

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ALL FIRMS LISTED ABOVE ARE:	<input type="checkbox"/> DISTRIBUTORS	<input type="checkbox"/> MODIFICATION SERVICE	<input type="checkbox"/> ORIGINAL EQUIPMENT DESIGNER / MANUFACTURERS
	<input type="checkbox"/> REPAIR SERVICE	<input type="checkbox"/> SUBCONTRACTORS	

**AIRPORT AND BUILDING INFORMATION**

LOC #	BLDG #	NAME, STREET, CITY, STATE, ZIP+4	LOCATION	INTEREST	ANNUAL REVENUE	% OCC
			<input type="checkbox"/> ON AIRPORT	<input type="checkbox"/> OWNER	\$	
			<input type="checkbox"/> OFF AIRPORT	<input type="checkbox"/> TENANT		
					NUMBER OF EMPLOYEES	YEAR BUILT

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**DESCRIPTION OF OPERATIONS**

**PRIOR CARRIER**

NAME OF LAST OR PRESENT AVIATION INSURANCE CARRIER	LINE OF BUSINESS	POLICY NUMBER	EXPIRATION DATE

**LOSS HISTORY**

ENTER ALL CLAIMS (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS				
HAVE YOU HAD ANY AVIATION LOSSES?			YES	NO
NAME OF CARRIER	POLICY TYPE	DATE OF LOSS	CLAIM STATUS	
POLICY NUMBER	TYPE OF LOSS	DATE REPORTED	AMOUNT PAID	
\$				
DESCRIPTION OF OCCURRENCE				
NAME OF CARRIER	POLICY TYPE	DATE OF LOSS	CLAIM STATUS	
POLICY NUMBER	TYPE OF LOSS	DATE REPORTED	AMOUNT PAID	
\$				
DESCRIPTION OF OCCURRENCE				
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POLICY NUMBER	TYPE OF LOSS	DATE REPORTED	AMOUNT PAID	
\$				
DESCRIPTION OF OCCURRENCE				

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAS ANY INSURER CANCELLED OR NON-RENEWED ANY AVIATION INSURANCE FOR THE APPLICANT? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
3. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
4. HAS ANY APPLICANT BEEN INDICTED OR CONVICTED OF A FELONY?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAS ANY APPLICANT HAD ANY SANCTIONS, VIOLATIONS OR SUSPENSIONS FROM THE FAA OR ANY OTHER REGULATORY BODY?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST SEVEN (7) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS / PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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