



AIRCRAFT SECTION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured)				
PHONE (A/C, No, Ext):		EFF DATE	EXP DATE	BILLING METHOD <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
FAX (A/C, No):						
E-MAIL ADDRESS:		ESTIMATED ANNUAL PREMIUM		FOR COMPANY USE ONLY		
CODE:	SUB CODE:					
AGENCY CUSTOMER ID:						

AIRCRAFT INFORMATION (Attach ACORD 331, Pilot Experience, for all pilots that will operate the aircraft and for whom you require coverage)

AIRCRAFT#	REG NUMBER	BASE AIRPORT ID	YEAR	MAKE:	AIRCRAFT TYPE					
				MODEL:	AIRCRAFT USE (If Other, explain)					
				SERIAL #:						
ENGINE TYPE	HORSE-POWER	ENGINE HOURS		HRS LAST 12 MONTHS	SEATING CAP	VALUE	AIRCRAFT STORAGE		AIRFRAME HOURS	DATE OF LAST ANNUAL
		1.	3.				<input type="checkbox"/> HANGARED	<input type="checkbox"/> TIED-OUT		
		2.	4.				<input type="checkbox"/> MOORED	<input type="checkbox"/>		

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM	
AIRCRAFT HULL	VALUATION TYPE	\$		\$			
	<input type="checkbox"/> AGREED AMOUNT	\$		\$		\$	
	<input type="checkbox"/> INSURED AMOUNT	\$		\$			
AIRCRAFT LIABILITY		\$	EA OCC	\$			
		\$	EA PASS			\$	
		\$	EA PERS	\$			
		\$	AGGR				
MEDICAL PAYMENTS	INCLUDING CREW	\$	EA PERS			\$	
	EXCLUDING CREW	\$					
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
			\$		\$		
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$

OPEN PILOT WARRANTY (Carrier normally completes description - Attach additional sheets if more space is required)

FORM NUMBER:	FORM NAME:
DESCRIPTION	
FORM NUMBER:	FORM NAME:
DESCRIPTION	

BASE AIRPORT INFORMATION

LOC #	AIRPORT ID	NAME, CITY, STATE	AIRPORT TYPE	AIRCRAFT STORAGE
			<input type="checkbox"/> PRIVATE <input type="checkbox"/> RESTRICTED	<input type="checkbox"/> HANGARED <input type="checkbox"/> TIED OUT
			<input type="checkbox"/> PUBLIC <input type="checkbox"/>	<input type="checkbox"/> MOORED <input type="checkbox"/>
LENGTH OF LONGEST RUNWAY Ft.	WIDTH OF LONGEST RUNWAY Ft.	ARE RUNWAYS PAVED?	IF RUNWAYS ARE NOT PAVED, EXPLAIN	ARE RUNWAYS LIGHTED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

CORPORATE NON-OWNED COMPANY APPLICANTS (If applicable)

FLYING HOURS (Enter Year)		LAST YEAR:	NEXT YEAR:	PASSENGER TYPE		AVERAGE NUMBER OF PASSENGERS EACH TRIP
ANNUAL				EMPLOYEES		
RENTED AND USE OF EMPLOYEE OWNER AIRCRAFT				FAMILY MEMBERS		
CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS				GUESTS		
NUMBER OF			NUMBER OF			
BRANCH OFFICES			EMPLOYEES OWNING AIRCRAFT USED ON COMPANY BUSINESS			
TOTAL EMPLOYEES			LIABILITY LIMIT CARRIED ON A REGULAR BASIS			
EMPLOYEES WHO ARE PILOTS			IS INSURED LISTED AS AN ADDITIONAL INSURED?		YES	NO
EMPLOYEES EMPLOYED IN A PILOT CAPACITY			AIRCRAFT OWNED BY COMPANY			
EMPLOYEES OWNING AIRCRAFT			MAKE:			
EMPLOYEES WHOSE REGULAR DUTIES INCLUDE AIRCRAFT TRAVEL			MODEL:			

CORPORATE NON-OWNED COMPANY APPLICANTS INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ANY CHARTERS OR RENTALS FOR MORE THAN SEVEN (7) CONSECUTIVE DAYS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY USE OF JETS, HELICOPTERS OR AIRCRAFT OVER EIGHT-PLACE INCLUDING CREW?	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THE INSURED, AS A CUSTOMER, INCLUDED AS AN ADDITIONAL INSURED ON THE CHARTER PRIMARY POLICY? a). IF "YES", HAS A CERTIFICATE OF INSURANCE BEEN OBTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
4. LIABILITY LIMIT ON RENTED OR CHARTERED AIRCRAFT:	<input type="checkbox"/>	<input type="checkbox"/>

TURBINE AIRCRAFT (If applicable)

FLYING HOURS (Enter Year)		LAST YEAR:	NEXT YEAR:	PASSENGER TYPE		AVERAGE NUMBER OF PASSENGERS EACH TRIP
ANNUAL				EMPLOYEES		
RENTED AND USE OF EMPLOYEE OWNER AIRCRAFT				FAMILY MEMBERS		
CHARTERED AIRCRAFT WITH NON-EMPLOYEE PILOTS				GUESTS		
MAINTENANCE FACILITY	MAINTENANCE PROGRAM	IS THE AIRCRAFT EQUIPPED WITH A TRAFFIC AND/OR TERRAIN COLLISION AVOIDANCE SYSTEM? If "YES", enter type.			YES	NO

AGRICULTURAL AIRCRAFT (If applicable)

ENTER NAMES USED IN ANY FORMER AERIAL APPLICATION BUSINESS					
# YEARS CONDUCTING AERIAL AGRICULTURAL OPERATIONS	HOME STATE OF OPERATION	DESCRIBE OPERATIONS IN OTHER STATES	IF YOU PARTICIPATE IN NAAA PAASS SAFETY PROGRAM, ENTER LAST DATE COMPLETED	NUMBER OF AIRCRAFT OWNED, LEASED OR OPERATED BY YOU	

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO YOU SPRAY: PICLORAM FORMULATIONS (i.e., Tordon, Grazon, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU SELL, DISTRIBUTE OR PROVIDE ANY CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE YOU A MEMBER OF YOUR STATE AGRICULTURAL AVIATION ASSOCIATION?	<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A MEMBER OF ANY OTHER STATE AGRICULTURAL AVIATION ASSOCIATION?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE YOU A MEMBER OF THE NATIONAL AGRICULTURAL AVIATION ASSOCIATION?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU HAD ANY WORKERS COMPENSATION CLAIMS? DATE OF LOSS: EXPLANATION:	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE ANY OF YOUR PILOTS BEEN CITED OR FINED?	<input type="checkbox"/>	<input type="checkbox"/>
8. DO YOU SPRAY OVER ANY RESIDENTIAL (OR POPULATED) AREAS?	<input type="checkbox"/>	<input type="checkbox"/>
9. DO YOU SPRAY RIGHT-OF-WAYS?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ADDITIONAL USES (i.e., Fire Fighting, Banner / Glider Towing, etc.)

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	<input type="checkbox"/>	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					AIRPORT:	AIRCRAFT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
BREACH OF WARRANTY					REASON FOR INTEREST	
LEASEBACK OWNER						
CO-OWNER		PHONE (A/C, No, Ext):				
		FAX (A/C, No):				
LIEN AMOUNT		E-MAIL ADDRESS:			INTEREST END DATE	
		REFERENCE #:				

POLICY COVERAGES

COVERAGE		OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
AIRCRAFT HULL	VALUATION TYPE		\$		\$		
	<input type="checkbox"/> AGREED AMOUNT		\$		\$		\$
	<input type="checkbox"/> INSURED AMOUNT		\$		\$		\$
AIRCRAFT LIABILITY			\$	EA OCC	\$		\$
			\$	EA PASS			
			\$	EA PERS	\$		\$
			\$	AGGR			
MEDICAL PAYMENTS		INCLUDING CREW	\$				\$
		EXCLUDING CREW	\$	EA PERS	\$		\$
BUILDER'S RISK			\$		\$		\$
			\$		\$		\$
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
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			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES AND LIST REGISTRATION NUMBER OF AIRCRAFT	AIRCRAFT REGISTRATION #	YES	NO
1. DOES THE APPLICANT OWN ANY OTHER AIRCRAFT NOT LISTED?		<input type="checkbox"/>	<input type="checkbox"/>
2. DOES THE AIRCRAFT HAVE OTHER THAN A STANDARD AIRWORTHINESS CERTIFICATE IN FULL FORCE AND EFFECT?		<input type="checkbox"/>	<input type="checkbox"/>
3. HAS AIRCRAFT BEEN EQUIPPED WITH ANY MODIFICATIONS NOT PROVIDED BY THE ORIGINAL MANUFACTURER THAT ALTER THE FLYING CHARACTERISTICS?		<input type="checkbox"/>	<input type="checkbox"/>
4. DO YOU ANTICIPATE THE AIRCRAFT TO BE OPERATED OUTSIDE THE CONTIGUOUS UNITED STATES?		<input type="checkbox"/>	<input type="checkbox"/>
5. IS THERE ANY UNREPAIRED DAMAGE TO THE AIRCRAFT?		<input type="checkbox"/>	<input type="checkbox"/>
6. WILL THE AIRCRAFT BE USED FOR ANY PURPOSE(S) FOR WHICH A CHARGE IS MADE OTHER THAN THOSE ALLOWED IN FAR PART 91?		<input type="checkbox"/>	<input type="checkbox"/>
7. WILL THE AIRCRAFT BE USED FOR OTHER THAN THE TRANSPORTATION OF PERSONS (such as Hunting, Aerial Applications, Patrol, Research, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>
8. WILL THE AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION OTHER THAN FOR RECURRENT TRAINING OF NAMED PILOTS? If "YES", provide all details.		<input type="checkbox"/>	<input type="checkbox"/>
9. WILL THE AIRCRAFT BE NORMALLY OPERATED FROM OTHER THAN PAVED AIRPORTS? If "YES": WHERE: PURPOSE: FREQUENCY:		<input type="checkbox"/>	<input type="checkbox"/>
10. WILL THE AIRCRAFT BE OPERATED OFF AIRPORT?		<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Attach Additional Sheets if more Space is Required)