



Aviation Risk Consulting, Inc
 2014 B New Garden Road Greensboro, NC 27410 • 336-540-1950

APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE	
CHECK WHICH IS DESIRED:	<input type="checkbox"/> INSURANCE POLICY <input type="checkbox"/> RENEWAL POLICY
NAME OF APPLICANT/INSURED (including D/B/A's and Holding Companies):	_____
POLICY ADDRESS:	_____
BUSINESS OR OCCUPATION OF APPLICANT:	_____
APPLICANT IS:	<input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER
INSURANCE IS REQUESTED FROM 12:01 A.M.	_____ TO 12:01 A.M. _____

LIABILITY & PHYSICAL DAMAGE COVERAGE								
Aircraft Year, Make and Model	Aircraft Registration Number	Seats	Aircraft Insured Value Requested	Aircraft Liability Limit Requested	Hgrd	Tied	AIRCRAFT BASE (Airport ID)	Estimated flight hours next 12 months
1.					<input type="checkbox"/>	<input type="checkbox"/>		
2.					<input type="checkbox"/>	<input type="checkbox"/>		
3.					<input type="checkbox"/>	<input type="checkbox"/>		
4.					<input type="checkbox"/>	<input type="checkbox"/>		
5.					<input type="checkbox"/>	<input type="checkbox"/>		

Are there any changes or alternate quotations for LIABILITY or HULL COVERAGE? Yes No If yes, please describe:

PURPOSE OF USE & AIRCRAFT OPERATIONS
Check all applicable uses:
<input type="checkbox"/> Pleasure or <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose)
<input type="checkbox"/> Corporate Executive (flown by professional pilots employed for this purpose)
<input type="checkbox"/> Instruction and/or Rental (name of student(s) and/or flight school): _____
<input type="checkbox"/> Flying Club <input type="checkbox"/> Photography <input type="checkbox"/> Sightseeing <input type="checkbox"/> Patrol Flights <input type="checkbox"/> Agriculture <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Other
(Explain): _____
Do aircraft carry passengers for hire or engage in any other operations for which a charge is made or reimbursement is received?
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe usage below on next three lines. If "No," skip to "Areas of aircraft Operation."
<input type="checkbox"/> FAR PART 91.501: _____
<input type="checkbox"/> FAR PART 135 Name of certificate holder (if other than Applicant-Insured): _____
<input type="checkbox"/> Dry Lease, Swap Time, etc. (Describe): _____
Areas of aircraft operation: <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other countries (list): _____
Will the aircraft normally be operated from paved, public airports? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain: _____

Are flights made to U.S. Military Installations? Yes No

Does the aircraft have a "Standard" Airworthiness certificate in full force and effect? Yes No If "No," explain:

Has the applicant signed any agreements or contracts with respect to aircraft operations? Yes No

If "Yes," please attach copies (e.g. hangar, maintenance, engine rental agreements, etc.).

NON-OWNED AIRCRAFT

Do you anticipate renting or chartering of other aircraft by applicant or any employees, or any use of employee's personal aircraft on behalf of applicant?

Yes No If "Yes," describe purpose, types of aircraft used, and anticipated annual utilization: _____

Do you anticipate use of temporary substitute aircraft during servicing or maintenance or insured aircraft?

Yes No If "Yes," describe purpose, types of aircraft used, and anticipated annual utilization: _____

ADDITIONAL INTERESTS (e.g. Banks, Additional Insureds, Lessors, etc.)

Any Change to the below listed entity(s) listed on your policy? Yes No If yes, please describe:

Aircraft	Additional Interest	Nature of Interest	Certificate Requested
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PILOTS

Name of Pilot	
1.	Please Complete Additional Pilot History Form
2.	Please Complete Additional Pilot History Form
3.	Please Complete Additional Pilot History Form
4.	Please Complete Additional Pilot History Form
5.	Please Complete Additional Pilot History Form

TRAINING REQUIREMENTS

All pilots are required to successfully complete initial/recurrent training at a facility approved by the insurance carrier within the preceding twelve (12) months of any and all flights.

INSURANCE & CLAIMS HISTORY

Name of last aviation insurance carrier (if none or new purchase, so state): _____

Has applicant had any aircraft or aviation-related insurance claims, losses, accidents, or incidents? Yes No

If "Yes," explain: _____

Is there any unrepaired damage to the aircraft listed on this application? Yes No

If "Yes," explain: _____

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? Yes No

If "Yes," explain: _____

Is there any other pertinent information or any other changes in exposure which materially affect this risk? Yes No

If "Yes," explain: _____

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete, or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date: _____ Signature and title of Policyholder or representative _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.