

PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:

Airframe painting: \$ _____

Sale of parts, not installed: New: \$ _____ Used: \$ _____

Sale of fuel and oil (excluding Pumping Fees): \$ _____ Pumping Fees: \$ _____

Does applicant fuel/defuel any airlines? No Yes. Type of Aircraft: _____

Sale of aircraft: New: \$ _____ Used: \$ _____

Sale of food/beverages (including vending machines): \$ _____

Sale of other items and services: \$ _____ Describe: _____

Airline servicing (other than fuel): \$ _____ Describe: _____

Has applicant performed any engine or airframe modification work? No Yes Describe: _____

Has applicant ever sold, serviced or repaired "ultra-light" or "homebuilt" aircraft? No Yes Describe: _____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Projected contract costs for next 12 months:

By applicant: \$ _____ Describe: _____

By independent contractors: \$ _____ Describe: _____

CONTRACTUAL LIABILITY ("HOLD HARMLESS" AGREEMENTS/INDEMNIFICATION CLAUSES)

Does applicant assume liability of others? No Yes. Attach all contracts assuming liabilities of others. All attached.

COVERAGES & LIMITS REQUESTED

POLICY PERIOD: From: _____ until _____ both at 12:01 AM at the applicant's address on the front page.

COVERAGES

Limits of Insurance

Commercial General Liability Coverage

General Aggregate Limit

(other than Products/Completed Operations)

\$ _____

Products/Completed Operations Aggregate Limit

\$ _____

Personal and Advertising Injury Aggregate Limit

\$ _____

Each Occurrence Limit

\$ _____

Fire Damage Limit (any one fire)

\$ _____

Medical Expense Limit (any one person)

\$ _____

Hangarkeeper's Liability Coverage

Each Aircraft Limit

\$ _____

Each Loss Limit

\$ _____

Deductible

(each aircraft)

\$ _____ TOTAL ADVANCE PREMIUM \$ _____

POLICY DEDUCTIBLE

Each occurrence \$ _____ Annual Aggregate \$ _____

Other coverages, restrictions, endorsements: _____

PILOTS

Complete this section for each pilot employed by or contracted by you

Name	Age	Pilot Certificate		Pilot Hours				
		Type	Ratings	S. E. Fixed	S.E. Ret. Gear	Multi-Engine	Total Last 180 Days	Total for All Types

Has any Pilot's Certificate ever been revoked? No Yes Suspended No Yes

Issued with waiver No Yes

Has any pilot ever been involved in an aircraft accident or incident? No Yes

Has any pilot ever been convicted of DUI during past 5 years? No Yes

Has any pilot been convicted of a drug violation or convicted of a felony? No Yes

'If "Yes" is answered to any of these explain fully below. (Use additional paper if necessary)

AIRCRAFT LIABILITY AND PHYSICAL DAMAGE COVERAGES DESIRED

- Bodily Injury Liability (Excluding Passengers) \$ _____ Each Person \$ _____ Each Occurrence
- Property Damage Liability \$ _____ Each Occurrence
- Passenger Bodily Injury Liability \$ _____ Each Person \$ _____ Each Occurrence
- Single Limit _____ cluding Passengers \$ _____ Each Occurrence
- With Passengers Liability Limited internally to \$ _____ Each Person
- Medical Payments L Including Crew \$ _____ Each Person \$ _____ Each Occurrence

SCHEDULE OF AIRCRAFT AND PHYSICAL DAMAGE COVERAGE DESIRED

Note: In box next to value of aircraft check if: **F** All Risks - Ground and Flight

G All Risks - Not-In-Flight

A/C No.	F.A.A. No.	Make & Model	Year Mfg.	Seats (Incl) Crew	Value of A/C	Cov. Des.	Flight Operations During last/Next 12 Months				
							Total No. Hours Flown	Approximate % Flown for Each Operation			
								Instruction	Rental	Charter	Other
1							/	/	/	/	/
2							/	/	/	/	/
3							/	/	/	/	/
4							/	/	/	/	/

IF ANY AIRCRAFT ARE LEASED, COMPLETE FOLLOWING AS RESPECTS EACH OWNER:

Name	Age	Pilot Certificate		Pilot Hours				
		Type	Ratings	S.E. Fixed	S.E. Ret. Gear	Multi-Engine	Total Last 180 Days	Total for All Types

IF ANY OF THE AIRCRAFT ARE ENCUMBERED, COMPLETE FOLLOWING

A/C No.	Amount of Lien	Name and Address of Lienholder

OPERATION OF NON-OWNED AIRCRAFT DURING LAST/NEXT 12 MONTHS NOT LEASED BY YOU.

Estimate annual flight hours in aircraft owned by others _____ / _____
 Passenger seating capacity of largest Non-Owned aircraft _____ / _____
 Purpose of flying Non-Owned Aircraft _____
 Describe type of aircraft owned by others usually flown _____
 Maximum value any one aircraft \$ _____ Average value any one aircraft \$ _____
 Limits of Coverage desired \$ _____ Each aircraft \$ _____ Each occurrence

HAS APPLICANT HAD ANY AIRPORT/AVIATION CLAIMS DURING THE PAST 5 YEARS? Yes NO

PLEASE EXPLAIN: _____

HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW ANY AIRCRAFT/AVIATION INSURANCE? YES NO

PLEASE EXPLAIN: _____

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, 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 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 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 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 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 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 AGENCIES."

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

NOTICE TO ARKANSAS 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."

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 _____ Today's Date
Applicant's Signature

Producer _____ License Number: _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____