



## Increased Aircraft Liability Limits UNDERWRITING SUPPLEMENT

Named Insured/Applicant	
Aircraft Make, Model	
FAA Registration No.	

**Prior to offering a quote for any "level" liability limit the following information is required:**

**APPLICANT:** (attach a separate sheet if necessary)

List all owners/shareholders/principals of the applicant. If the applicant is a corporation, limited liability company, partnership, etc., please provide the names and occupations of each shareholder.	
Please confirm that the applicant is the sole owner of the aircraft. If the aircraft is leased, please provide the name and address of the lessor and confirm that a written lease will be in effect at the time of binding coverage.	
If the aircraft is neither owned nor leased by the applicant, please explain the basis upon which insurance is being requested.	

**AIRCRAFT 1:**

Make, model & year of any Supplemental Type Certificate (STC) modifications added to the aircraft:	
Total Time on Airframe:	
Hours on each Propeller since overhaul:	Propeller 1:                      Propeller 2:
Hours on each Engine since major overhaul:	Engine 1:                      Engine 2:
Cycles on each Turbine Engine since overhaul	Engine 1:                      Engine 2:
Date of last Annual or Phase Inspection:	
Date of last Engine Overhaul:	Engine 1:                      Engine 2:

**AIRCRAFT 2:**

Make, model & year of any Supplemental Type Certificate (STC) modifications added to the aircraft:	
Total Time on Airframe:	
Hours on each Propeller since overhaul:	Propeller 1:                      Propeller 2:
Hours on each Engine since major overhaul:	Engine 1:                      Engine 2:
Cycles on each Turbine Engine since overhaul	Engine 1:                      Engine 2:
Date of last Annual or Phase Inspection:	
Date of last Engine Overhaul:	Engine 1:                      Engine 2:



## PILOTS

Pilot Name	Date of last FAA Medical Exam:	Date of Flight Review or equivalent	Date of last Instrument Proficiency Check	Date & location of last recurrent training in the insured Make & Model
1.				
2.				
3.				
4.				

Pilot Name	Relationship to Applicant / Insured	Accidents, incidents, losses, aviation insurance claims, medical waivers/limitations, DUI/DWI within previous 7 years: (if none, please write "none" below.)
1.		
2.		
3.		
4.		

## OPERATIONS:

Please provide the anticipated geographic area of operations of the aircraft to be insured:

Please provide the estimated number of hours flown annually by the aircraft to be insured:

Please provide the estimated average passenger load of the aircraft to be insured:

***Thank you for taking time to complete this document. This information will allow  
Aerospace to provide you with a timely and competitive quote.***

AEROSPACE INSURANCE MANAGERS, INC.

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