



Aircraft Insurance Application

Policy/Quote No. _____

☐ Quotation ☐ Insurance ☐ Binder

Insurance Company:

☐
☐
☐

Hallmark Insurance Company
Hallmark American Insurance Company
American Hallmark Insurance Company of Texas

1 Name of Applicant: _____

2 Address: _____

City _____ State _____ Zip Code _____

Mailing Address (if different): _____

City _____ State _____ Zip Code _____

3 Phone Off: _____ Res. _____ Fax _____

4 Occupation of Applicant is: _____

Applicant is a(n): ☐ Individual ☐ Business Corporation ☐ Holding Corporation ☐ Partnership ☐ LLC ☐ Other (specify): _____

If a corporation, partnership or limited liability organization formed for the primary purpose of ownership of the aircraft, please list all partners, shareholders, members, officers and/or directors:

5 Additional Insured: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Off: _____ Res. _____ Fax _____

Interest of Additional Insured _____

6 Present Insurance Company _____ Expiration Date _____

7 Insurance Requested from _____ to _____ 12:01 A.M. Local Time at Applicant's Address

8 Aircraft will be ☐ Hangared ☐ Tied Down at _____
located at (City & State): _____

9 Liability and Medical Payments Coverage	Limit of Coverage	Premium COMPANY USE ONLY
<input type="checkbox"/> D. Single Limit Bodily Injury & Property Damage cluding Passenger Bodily Injury	\$ _____ Each Occurrence	\$ _____
<input type="checkbox"/> DL Single Limit Bodily Injury & Property Damage Including Limited Passenger Bodily Injury	\$ _____ Each Occurrence Passenger Bodily Injury Limited to: \$ _____ Each Passenger	\$ _____
<input type="checkbox"/> E. Medical Expense Coverage	\$ _____ Each Person \$ _____ Each Occurrence	\$ _____
<input type="checkbox"/> Other:		\$ _____

10 Aircraft Description & Physical Damage Coverage Liability Premium Total \$ _____

FAA No.	Make & Model	Yr. Built	Total Seats	Type*	Coverage**	Agreed Value	Deductibles		Premium
							NIM	IM	
A									\$ _____
B	SEE AIRCRAFT SCHEDULE								\$ _____

* L - Landplane R - Rotorcraft A - Amphibian S - Seaplane E - Experimental

Physical Damage Premium Total \$ _____

**Physical Damage Coverage Codes:

Other Premium / Tax \$ _____

F Aircraft Physical Damage Coverage Not In Motion

G Aircraft Physical Damage Coverage In Motion

TOTAL ANNUAL PREMIUM \$ _____

11 Purpose of Use: ☐ Pleasure & Business ☐ Instruction & Rental ☐ Air Charter ☐ Flying Club ☐ Special Use (Specify): _____

12 Applicant's interest in the Aircraft is: ☐ Sole Owner ☐ Sole Owner Subject to Lienholder's Security Interest ☐ Lessee

Lienholder and/or Lessor Information: _____ Lienholder's Interest Endt. Required? ☐ Yes ☐ No

Lienholder _____ Lessor _____

Address _____ Address _____

City, ST & Zip _____ City, ST & Zip _____

Phone: _____ Fax _____ Phone: _____ Fax _____

- 13 A. Has Applicant had any aircraft/aviation claims or losses within the last 3 years? ☐ Yes ☐ No
B. Has any insurance company cancelled, declined or refused to renew any aviation insurance for Applicant? ☐ Yes ☐ No
Please explain any "yes" answers in the space below (use additional sheets if necessary):
-

14 **Pilot Information** *Please attach a Pilot History Form (Form GA107) for each pilot who will operate the aircraft in flight.*

I/We confirm that all the information given in his application is true and complete to the best of my/our knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the insurer shall be the basis for any contract between me/us and the Insurer.

NOTICE TO APPLICANTS: 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA. In LA, ME, TN and VA insurance benefits may also be denied)

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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS: 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AND APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Applicant's Signature: _____ Date: _____

Applicant's Name (Print): _____ Title: _____

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.

Aircraft Description Schedule & Physical Damage Coverage

	FAA No.	Make & Model	Yr. Built	Total Seats	Type*	Coverage**	Agreed Value	Deductibles		Premium
								NIM	IM	
1										\$
2										\$
3										\$
4										\$
5										\$
6										\$
7										\$
8										\$
9										\$
10										\$
11										\$
12										\$
TOTAL AIRCRAFT PHYSICAL DAMAGE PREMIUM										\$

* L - Landplane R - Rotorcraft A - Amphibian S - Seaplane E - Experimental

**Physical Damage Coverage Codes: F - Aircraft Physical Damage Not In Motion G - Aircraft Physical Damage In Motion

Lienholder Interest Information

	FAA No.	LIENHOLDER	LIENHOLDER ADDRESS	LIENHOLDER'S INTEREST ENDT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Leased Aircraft Information

	FAA No.	LESSOR NAME	LESSOR ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Additional Information: _____

AEROSPACE INSURANCE MANAGERS, INC.

15280 Addison Road Suite 250 | Addison, Texas 75001 | Tel 972.852.1200 888.880.1289 Fax 972.852.1212 | aerospaceim.com
 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel. 818.547.1400 Fax 818.547.3800 | West Coast Office