

Aircraft Insurance Application

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 of 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: 4 Address: City State Zip Code Phone Off: Res. Fax Interest of Additional Insured 5 Present Insurance Company Expiration Date 6 Present Insurance Company Expiration Date 7 Insurance Requested from 10 12:01 A.M. Local Time at Applicant's Address 8 Addrest will be Hangared Tied Down at located at (City & State): 8 Liability and Medical Payments Coverage 9 Liability and Medical Payments Coverage 1 Liability and Medical Payments Coverage 1 Liability and Medical Payments Coverage 1 Liability and Medical Expense Coverage \$ Each Occurrence \$ Coverage Seasonger Bodily Injury 2 D. Single Limit Bodily Injury & Property Damage Seasonger Bodily Injury 3 D. Single Limit Bodily Injury & Property Damage Seasonger Bodily Injury Seasonger Bodily Injury Seasonger Bodily Injury Seasonger Bodily Injury Limited to: 8 Each Passanger 9 Liability Premium Total \$ Each Occurrence Seach Occurrence	Po	licy/Quote No.								
2 Address: City State Zip Code Mailing Address (if different): City State Zip Code State Zip Code 3 Phone Off: Res. Fax 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 Insurance Requested from to 12:01 A.M. Local Time at Applicant's Address Including Partnership and Medical Payments Coverage Liability and Medical Payments Coverage Limit of Coverage Premium Coupents use of the C					•	1	Hallmark Aı	merican Ins	surance Co	
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shareholders, members, officers and/or directors: Additional Insured: Address: City		Applicant is a(n): Individual E	Business Cor	poration		Holding	Corporation	Partners	hip LI	C Other (specify):
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 10 Insurance Requested from to 12:01 A.M. Local Time at Applicant's Address 9 Liability and Medical Payments Coverage Limit of Coverage Premium CouleMark Use ONLY D. Single Limit Bodily Injury, & Property Damage cluding Passenger Bodily Injury & Property Damage cluding Passenger Bodily Injury & Property Damage Including Limited Passenger Bodily Injury & Passenger Bodily Injury Limited to: Each Passenger Bodily Injury & Property Damage Including Limited Passenger Bodily Injury Limited to: Each Passenger Bodily Injury Limited to: Aircraft Description & Physical Damage Coverage Liability Premium Total SEACH Occurrence Aircraft Description & Physical Damage Coverage Liability Premium Total SEACH Occurrence SEACH Occurrenc				on forme	d for the	primary	purpose of owne	ership of the	aircraft, ple	ease list all partners,
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Received the Additional Insured Present Insurance Company Expiration Date		Phone Off:		Res.		_				
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Address		Lienholder and/or Lessor Information:				Li	enholder's Intere	st Endt. Re	quired?	Yes No
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A. Has Applicant had any aircraft/aviation claims or losses within the last 3 years? 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):	
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 be 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.	been
NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE 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 In LA, ME, TN and VA insurance benefits may also be denied)	OF
NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION OF INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONIFINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROFALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDIN ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCESHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.	MENT, VIDES IG OR
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 INSURANY 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 1DEGREE.	THIRD
NOTICE TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESEIF FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.	NTS A
NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY ATTHEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURPOLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMERCIAL INSURANCE ACT.	AGENT RANCE Y FOR FACT
NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUDING UNSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FINFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTED FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.	FALSE
NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIMS WITH INTENT TO DEFRAUD OR HELPS CONFRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.	лміт а
NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSUSUBMITS AND APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.	URER,
NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSUMAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUIL A FELONY.	
NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS	
Applicant's Signature: Date	

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.

Title:

Applicant's Name (Print):

Aircraft Description Schedule & Physical Damage Coverage

			Total				Deduc	ctibles	
FAA No.	Make & Model	Yr. Built	Seats	Type*	Coverage**	Agreed Value	NIM	IM	Premium
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^{*} L - Landplane R - Rotorcraft A - Amphibian S - Seaplane E - Experimenta

Lienholder Interest Information

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Leased Aircraft Information

Additional Information:

	FAA No.	LESSOR NAME	LESSOR ADDRESS
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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

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