



**Allianz Global Risks US Insurance Company**

**Allianz Aviation Managers, LLC**

**Aerial Application Insurance Application**

Please fill in all blanks, check all applicable boxes, and sign and date at bottom.  
This document does not provide any coverage or amend any existing coverage.

**1. GENERAL INFORMATION**

Applicant's Name:			
Address:			
City:			
State:		Zip:	
Phone:	Home: ( ) -	Work: ( ) -	
Years In Business:			
Current Insurance Carrier:			
Current Coverage Expires:			

**Applicant is:** (check all that apply)

an Individual

a Corporation or Limited Liability Company

a Partnership

a governmental entity

a member – National Agricultural Aviation Association

a member – State Agricultural Aviation Association

a member – \*Other State Agricultural Aviation Association(s)

\* List all other state memberships: \_\_\_\_\_

Name or Names used in any former Aerial Application Business: \_\_\_\_\_

**2. CURRENT BUSINESS STRUCTURE**

Names of all Partners, if a Partnership, or Officers, if a Corporation

Name	Position	Years in Present Position?	% Owned

**3. AIRCRAFT PHYSICAL DAMAGE:**

FAA #	Year	Make & Model	Engine Make & Model	Engine Hours	Airframe Hours	Type Coverage	Hull Value	Deducts NIM / IM
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$	/
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$	/
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$	/
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$	/
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$	/

3a. The aircraft are:  in a fully enclosed, secured hangar,  in a shade hangar,  tied out.

3b. GPS units installed in aircraft are covered as a part of the aircraft. Do you desire to EXCLUDE coverage on all GPS units installed in the aircraft?  Yes

**4. LIABILITY LIMIT:**

FAA "N" No.	Non-Chemical Limit	Chemical Limit	Chemical Coverage
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC



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4a. Is coverage desired for the following?

- Adjacent Fields Coverage  Yes,  No
- Crops Being Treated  Yes,  No
- Picloram  Yes,  No
- Farmer/Owner/Grower  Yes,  No
- Application to Residential Areas  Yes,  No

**5. AIRPORT OPERATIONS:**

Primary Airport of Operation:
Satellite Airports (list those used on a regular basis:
Is Premises Liability Coverage Desired? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, Limit of Liability desired: \$

**6. PILOTS Attach a completed Allianz pilot record form for each pilot as part of this aircraft application):**

Pilot Name

Pilot Name

Pilots are:  Employees of the Applicant  Contract Pilots  Other: \_\_\_\_\_

**7. ADDITIONAL INFORMATION:**

- a. Aircraft Maintenance is provided by: \_\_\_\_\_
- b. Has the applicant ever been cited and/or fined for any violation of any Federal, State, or County Plant Board or Agricultural Board law or regulation?  Yes  No
- c. Has the applicant or any officer, director or partner ever been convicted of a felony or had a state aerial application license suspended or revoked? .....  Yes  No
- d. Has the applicant ever had insurance denied or cancelled? .....  Yes  No
- e. Has the applicant had any aircraft, accidents, losses or claims within the past 5 years? .....  Yes  No
- f. Has the applicant or any of the applicant's pilots or any other employees (full or part time) had any Worker's Compensation losses or claims within the past 5 years? .....  Yes  No
- g. Does the applicant perform any aerial application over any residential areas? .....  Yes  No
- h. Will the insured aircraft be flown outside of the continental United States? .....  Yes  No
- i. Does the applicant own or exclusively lease any other aircraft? .....  Yes  No
- j. Will anyone other than the pilot(s) shown above operate the insured aircraft? .....  Yes  No
- k. Does the applicant use any non-owned aircraft? .....  Yes  No
- l. Does the applicant perform any controlled/prescribed burning operations? .....  Yes  No
- m. Does the applicant use hormone herbicides? .....  Yes  No
- n. Does the applicant use Picloram? .....  Yes  No



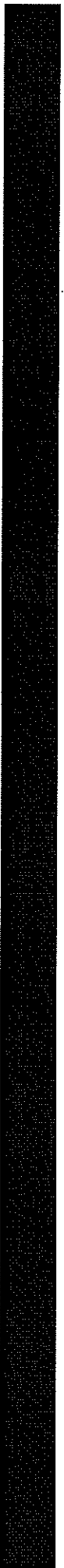
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Explain all YES answers (attach separate sheet, if necessary): \_\_\_\_\_

With my signature below, I WARRANT the truth of the above statements and I further WARRANT that no material information has been withheld or suppressed.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## NOTICE TO 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 act, which is a crime, and subjects such person to criminal and civil penalties.

**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 Authorities.

**NOTICE TO ARKANSAS AND NEW MEXICO 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.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.



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**NOTICE TO TENNESSEE AND VIRGINIA 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.

**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 LOUISIANA 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.

**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 (365: 15-1-10, 36 S.S. 3613.1)

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.