



Allianz Global Risk US Insurance Company

Allianz Aviation Managers, LLC

Aircraft 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

Check all that apply below

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

- Applicant is an Individual
- Applicant is a Corporation
- Applicant is a Partnership
- Applicant is Other (*explain below)
- Aircraft will be operated under FAR Part 135
- Aircraft will be managed by other party (not Applicant)
- No Accidents/Incidents or Claims in last 5-years
- Insurance has never been Canceled or Non-Renewed

*Applicant is Other (explain), _____

2. AIRCRAFT INFORMATION:

FAA "N" No.	Year	Make & Model	Seats Crew / Passengers	Insured Value	Liability Limit
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$

- a. Aircraft are based at the following airport(s): _____
- b. Annual hours each aircraft is operated with a single pilot crew: _____
- c. Average number of passengers per flight: _____
- d. Non-Owned aircraft types utilized by the Applicant: _____
- e. Non-Owned aircraft annual number of flights: _____
- f. From whom are Non-Owned aircraft rented, borrowed, chartered: _____
- g. Purpose for use of Non-Owned aircraft: _____

3. AIRCRAFT USE INFORMATION:

FAA "N" No.		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other	Est. Annual Hrs.
FAA "N" No.		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other	Est. Annual Hrs.
FAA "N" No.		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other	Est. Annual Hrs.
FAA "N" No.		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other	Est. Annual Hrs.
FAA "N" No.		<input type="checkbox"/> P & B	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other	Est. Annual Hrs.

Use Key:

- P & B: Pleasure & Business use of the aircraft operated by non occupational pilots, and excluding any charge.
- Industrial Aid: Corporate use of the aircraft by professional pilots, and excluding any charge.
- Charter / Air Taxi: Passenger or Freight carrying operations for which a charge is made.



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4. NAMED PILOTS (attach completed Allianz pilot record forms for each as part of this aircraft application):

Pilot Name	Age	Class Med

Pilot Name	Age	Class Med

Pilots are: Employees of the Applicant Contract Pilots Other: _____

Pilot(s) complete: Annual Factory sim-based training in insured make & model aircraft. (please detail fully on pilot record form)

5. ADDITIONAL INFORMATION:

- a. Name of Charter or Management company (if applicable) _____
- b. Charter Certificate No.: _____, Years in Business: _____, Base of Operations: _____
- c. Aircraft Maintenance provided by: _____
- d. Will insured aircraft be used on other than paved runways? Yes No
- e. Will insured aircraft be used outside the continental United States? Yes No
- f. Does Applicant own or exclusively lease any other aircraft? Yes No
- g. Will anyone other than named pilots operate the insured aircraft? Yes No
- h. Does Applicant employ their own maintenance personnel? Yes No
- i. Does Applicant have any Non-Owned Aircraft exposure? Yes No
- j. Has Applicant ever had insurance denied or cancelled? Yes No
- k. Has Applicant or Named Pilot ever had any incidents, accidents, or violations? Yes No
- l. Has Applicant or Named Pilot ever had any felony convictions or license suspensions? Yes No
- m. Will insured aircraft be used for anything other than transporting passengers? Yes No

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

6. 5-YEAR LOSS HISTORY (attach loss runs if available): _____

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.