

## APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE

CHECK WHICH IS DESIRED:     A QUOTATION     INSURANCE POLICY     RENEWAL POLICY

NAME OF APPLICANT (Including D/B/A's And Holding Companies):

ADDRESS:

BUSINESS OR OCCUPATION OF APPLICANT:

APPLICANT IS:     INDIVIDUAL(S)     CORPORATION     PARTNERSHIP     OTHER

INSURANCE IS REQUESTED FROM 12:01 A.M.        to 12:01 A.M.

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$ Each Passenger	\$
<input type="checkbox"/> OTHER LIABILITY:	\$	\$
<input checked="" type="checkbox"/> MEDICAL EXPENSE Crew: <input checked="" type="checkbox"/> included <input type="checkbox"/> excluded	\$ Each Passenger	

Physical Damage Coverage	AMOUNT OF INSURANCE DESIRED <small>(attach explanation if other than current market value)</small>	DEDUCTIBLES	
		IN MOTION	NOT IN MOTION
AIRCRAFT 1 <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS IN MOTION	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> %	<input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> %
AIRCRAFT 2 <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS IN MOTION	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$100 <input type="checkbox"/> \$ <input type="checkbox"/> %

**Aircraft:** If Airworthiness Certificate is other than Standard, please explain  
If engine is being operated beyond TBO, please explain

Year, Make and Model	FAA Registration Number	Seating Capacity		Land (L) Sea (S) Amph (A)	PURCHASED		Current Market Value (Incl. Extras)	No. of Hours Aircraft Flown In Last 12 Months	Est. No. of Hours Next 12 Months
		Crew	Other		New or Used	Date			
1.									
2.									

Aircraft usually based at:        (Name of Home Airport. If Private Airport, give detailed location)

Hangared     Tied Down

Are any flights contemplated outside continental U.S.?  YES  NO    If "Yes", where:

**PURPOSE OF USE** (Check all applicable uses)

Pleasure or  Business (not flown by professional pilots employed for this purpose)  Instruction of: \_\_\_\_\_ (Name of Student)  
 Corporate Executive (flown by professional pilots employed for this purpose)  Flying Club  Low Altitude Photography  
 Patrol Flights  Banner Towing  Crop Dusting  Air Ambulance  Air Hearse  
 Other Uses not indicated above (explain)  
 Use for which a charge is made (explain)

If used under FAR 135, who owns the FAR 135 operating certificate that you operate under?

Who maintains operational control of all aircraft being operated under FAR 135?

**PILOTS: Complete This Section (Including Items 1-5 Below) For Every Pilot Who Will Operate An Aircraft During The Policy Term Unless A Pilot Questionnaire Is Completed By The Pilot.**

NAME OF PILOT	Date of Birth	Pilot Certification and Ratings								Medical Certificate		Hours Logged as Pilot in Command						
		Stud.	Pvt.	Com'l.	ASEL	AMEL	Instrumt.	ATP	Other	Date of Last Physical	Class	All Aircraft				In Aircraft Model To Be Insured		
												Total	Last 90 Days	Last 12 Mos.	Retract Gear	Multi-Engine	Total	Last 90 Days
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Pilot No. 1				Pilot No. 2				Pilot No. 3			Pilot No. 4					
FAA Certificate No.																		
Date of Last Biennial Flight Review:																		
Details of other proficiency training:																		
Name and address of pilot's employer if other than applicant:																		

**EXPLAIN CIRCUMSTANCES IF:**

1. Any pilots named above have any; (a) physical impairments,  
(b) waivers, limitations, conditions on their medical certificates or on their airman certificates
2. An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked
3. Any pilot above has ever been cited for violation of any aviation regulations in any country
4. Any pilot named above has ever been involved in any aircraft accident
5. Any pilot named above has ever been convicted of or plead guilty to a felony or driving while intoxicated

**Applicant is:**  Sole owner  Owner subject to mortgage or conditional sales contract.  Lessee  Other – explain

If aircraft is encumbered, name and address of lienholder or lessor

Amount of encumbrance (excluding interest and finance charges) \$ \_\_\_\_\_ Will breach of Warranty Coverage be required by lienholder?  
 Yes  No

Member of NBAA?  Yes  No Type Membership:  Corporate  Business  Associate

Name of last aviation insurance carrier (if none so state)

To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any aircraft owned by or in the custody of the Applicant except:

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots names herein regard to any type of insurance?  Yes  No If so, explain circumstances:

Name of Agent or Broker: Kimmel Aviation Insurance Agency, Inc.

Address: P.O. Box 8347; Greenwood, MS 38935-8347

Broker  Agent

Global Aerospace insurance company in which agency license is held

**Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.**

**ARKANSAS AND LOUISIANA FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING:** 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 agencies.

**DISTRICT OF COLUMBIA FRAUD WARNING: 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.

**FLORIDA FRAUD WARNING:** 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 of the third degree.

**KENTUCKY FRAUD WARNING:** 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.

**MAINE FRAUD WARNING:** 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.

**NEW JERSEY FRAUD WARNING:** Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FRAUD WARNING:** 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that such person 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.

**OKLAHOMA FRAUD WARNING: 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.

**OREGON FRAUD WARNING:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

**PENNSYLVANIA FRAUD WARNING:** 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.

**TENNESSEE AND VIRGINIA FRAUD WARNING:** 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.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_ Applicant's Signature(s) \_\_\_\_\_

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.