



3353 Peachtree Road, NE, Suite 1000
Atlanta, GA 30326

Return to: AviationSubmissions@cvstarrco.com

APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE

Insurance coverage is requested from: 12:01 A.M. ____ 20____ to 12:01 A.M. ____ 20____

NAME OF APPLICANT (Aircraft Operator and/or Lessee) _____

Address: _____

Applicant is: Individual(s) Corporation Partnership Holding Company Other (explain): _____

Business or Occupation of Applicant: _____

If the applicant is a holding company, list the owner of the holding company along with occupation or business:

Is applicant incorporated solely for the ownership of the aircraft? Yes No

AIRCRAFT INFORMATION

1. Year: _____ Make: _____ Model: _____ N#: _____ Crew Seats: _____ Passenger Seats: _____
 Aircraft Insured Value Requested: _____ Liability Limit Requested: _____
 Aircraft Base: _____ Hangared: Yes No Tied: Yes No
 Aircraft Use: _____
 Estimated Annual Utilization: _____ Pt. 91: _____% Pt. 135: _____% Other: _____% explain: _____
 Average Passenger Load: _____ Average Passenger Profile: _____
 Ownership: Own/Financed/Leased Lienholder/Lessor: _____ Amount of encumbrance: _____

2. Year: _____ Make: _____ Model: _____ N#: _____ Crew Seats: _____ Passenger Seats: _____
 Aircraft Insured Value Requested: _____ Liability Limit Requested: _____
 Aircraft Base: _____ Hangared: Yes No Tied: Yes No
 Aircraft Use: _____
 Estimated Annual Utilization: _____ Pt. 91: _____% Pt. 135: _____% Other: _____% explain: _____
 Average Passenger Load: _____ Average Passenger Profile: _____
 Ownership: Own/Financed/Leased Lienholder/Lessor: _____ Amount of encumbrance: _____

If more than two aircraft, complete large fleet addendum.

GENERAL INFORMATION

1. How long have you owned or operated aircraft: _____
2. Are any aircraft operated on a single pilot basis: Yes No If Yes, Describe: _____
3. Do any of the pilots have a profession other than pilot: Yes No If Yes, List and Describe: _____
4. Are any aircraft equipped with floats: Yes No
5. Does the named insured operate aircraft not insured on this policy: Yes No If Yes, Describe: _____
6. Do any employees of the named insured (including pilots) operate aircraft not insured on this policy in the course of the applicant's business: Yes No If Yes, Describe: _____
7. Do any of the named insureds charter aircraft: Yes No If Yes, Describe: _____
8. Do any of the named insureds anticipate using any non-owned aircraft with 25 or more seats: Yes No
If Yes, Describe: _____
9. Do you anticipate use of temporary substitute aircraft during servicing or maintenance of applicant's aircraft:
_____ If Yes, describe purpose, types of aircraft to be used, and anticipated annual utilization: _____



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PILOTS (If more than two aircraft, complete pilot information as part of the large fleet addendum)

List ALL PILOTS who operate applicant's aircraft and **ATTACH PILOT QUESTIONNAIRES FOR EACH PILOT:**

<u>Name</u>	<u>Aircraft Flown</u>	<u>PIC or SIC</u>	<u>Full Time Employee or Contract Pilot</u>
1. _____	a. _____ b. _____	PIC/SIC PIC/SIC	Full Time Employee/Contract Pilot
2. _____	a. _____ b. _____	PIC/SIC PIC/SIC	Full Time Employee/Contract Pilot
3. _____	a. _____ b. _____	PIC/SIC PIC/SIC	Full Time Employee/Contract Pilot
4. _____	a. _____ b. _____	PIC/SIC PIC/SIC	Full Time Employee/Contract Pilot

If necessary, attach a separate sheet with additional pilot information as requested above.

MAINTENANCE

1. Do you perform your own:
 - a. Maintenance? Yes No (If No, Skip to the next section)
 - b. Interval Inspection? Yes No
 - c. Hot Section? Yes No
2. Name of Maintenance Supervisor and number of years in this position: _____
3. Outside maintenance performed by: _____
4. Have Applicant's maintenance personnel completed manufacturer's maintenance schools for aircraft type insured? Yes No If Yes, Describe: _____
5. Do Applicant's maintenance personnel receive any recurrent training? Yes No If Yes, Describe: _____
6. Are aircraft operated under any special maintenance program? Yes No If Yes, Describe: _____
7. Do maintenance personnel service, maintain or repair aircraft belonging to others? Yes/No If Yes, Describe: _____
8. Do you have any retail fuel and oil sales? Yes No Annual Gallonage: _____

PREMISES

1. Location of all premises used in flight operations: _____
2. Type of construction of hangar: _____
3. What type of fire suppression system is installed in hangar: _____
4. Hangar is: Owned/Leased Name of Landlord: _____
5. Do you hangar, tie-down or move any aircraft belonging to others? Yes No If Yes, Describe: _____



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INSURANCE AND CLAIMS HISTORY

Has any damage been sustained or claims by others arisen from the operation of any aircraft owned by or in the custody of the Applicant? Yes No If Yes, Describe: _____

Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refused to renew a policy held by the Applicant or any of the pilots named herein in regard to any type of insurance? Yes No If Yes, Describe: _____

Name of current or last aviation insurance company: (if none, so state) _____
Policy expiration date: _____

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 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by and insurance broker who is acting on behalf of an insured.

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 presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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 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.



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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.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 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 and false, incomplete or misleading information is guilty of a felony. (365: 15-1-10, 36 S.S. 3613.1)

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE, VIRGINIA AND 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

STARR
AVIATION



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NOTICE TO ALL OTHER APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

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 _____

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.

Name of Agent or Broker: _____

Address: _____

Are you the holding producer? Yes No If Yes, for how many years? _____