

Aircraft Insurance Application
(For Renewal Use Only)

RETURN W. BROWN & ASSOCIATES INSURANCE SERVICES
TO: Aviation Managers for XL Specialty Insurance. Co.
19000 Mac Arthur Boulevard, Suite 700
Irvine, CA 92612

PRODUCER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

This application is for the renewal of Policy No. _____ Expiration Date: _____

GENERAL INFORMATION

APPLICANT: _____

ADDRESS: _____

AIRCRAFT

1) Are any aircraft to be added to the existing policy? Yes No If "Yes", please provide details: _____

2) Are any aircraft to be deleted from the existing policy? Yes No If "Yes", please provide details: _____

3) Were *any* changes made to the engine(s), equipment or value of any covered aircraft? Yes No If "Yes", please provide details: _____

4) Is there any unrepaired damage to the covered aircraft whether major or minor? Yes No If "Yes", please provide details: _____

5) Are there any changes in the ownership or ongoing use of the covered aircraft? Yes No If "Yes", please provide details: _____

6) Number of hours aircraft was flown in the past 12 months: _____ Hours estimated for the next 12 months: _____

LIABILITY COVERAGE AND LIMITS

Are *any* coverage changes requested in the existing policy terms or limits upon renewal? Yes No If "Yes", please provide details: _____

PHYSICAL DAMAGE COVERAGE

Are you requesting *any* changes in the existing limits, deductibles or other policy terms upon renewal? Yes No

If "Yes", please explain: _____

PILOT DATA

CERTIFICATES AND RATINGS

LOGGED PILOT HOURS

Name	DOB	Stu	PVT	Com	ATP	SEL	ME	Inst	Heli	TOTAL	M & M	Heli	RG	ME	Last 12 Months
															All A/C
1															
2															
3															

For each pilot, provide date(s) and location(s) of annual recurrent training, if applicable: _____

Attach an updated Pilot Experience Form for each additional pilot who is expected to operate the covered aircraft.

LOSS HISTORY

Is any applicant aware of any unreported aircraft / aviation losses, claims or incidents? Yes No

If "Yes", please provide details: _____

All particulars herein are warranted 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 / we hereby authorize the Company to investigate all or any qualifications or statements made herein. **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 and subjects such person to criminal and civil penalties.

Applicant's Signature: _____ Date: _____

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance