

AIRCRAFT INSURANCE APPLICATION

RETURN W. BROWN & ASSOCIATES INSURANCE SERVICES Producer: _____
TO: Aviation Managers for XL Specialty Insurance Co. Address: _____
 19000 MacArthur Boulevard, Suite 700 City: _____ State: _____ Zip: _____
 Irvine, CA 92612 Phone: _____ Fax: _____

Check which is desired: **Quotation** **Insurance**

APPLICANT: _____

ADDRESS: _____

BUSINESS OF APPLICANT: _____

APPLICANT IS (check one): Individual(s) Corporation Partnership Other

Requested Policy Term: FROM _____, 20 ____ TO _____, 20 ____

II. AIRCRAFT:

Is aircraft operational and Airworthiness Certificate in full force and effect? Yes No

If "NO" explain _____

Is the aircraft operated under an F.A.A. Standard Airworthiness Certificate? Yes No

If "NO" describe category _____

Has aircraft and/or engine(s) been modified: Yes No

If "YES" explain _____

Is there any unrepaired damage to the aircraft (minor or major)? Yes No

If "YES" explain _____

Make & Model	Year	FAA Cert Number	Seating Capacity Crew Pass	Land (L) Sea (S)	Purchased New/Used Date	Price Paid By Applicant	Present Value	Engine Hrs. Since new / ovhl
1.								
2.								

III. LIABILITY COVERAGE AND LIMITS:

A. Bodily Injury-excluding Passengers	Limits of Liability		Current Liability Premiums
	Each Person	Each Occurrence	
B. Property Damage	XXXXXXXXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury and Property Damage ___cluding Passenger Liability; Passenger Liability Limited to:	XXXXXXXXXX		
E. Medical Expenses ___cluding Crew			
<input type="checkbox"/> Other Liability			

PHYSICAL DAMAGE COVERAGE				Current Physical Damage Premiums	
F. All risks ground and flight	1. Agreed Value \$	Deductible \$			
	2. Agreed Value \$	Deductible \$			
G. All risks ground	1. Agreed Value \$	Deductible \$			
	2. Agreed Value \$	Deductible \$			

IV. PURPOSE OF USE: *Check all applicable uses*

- | | |
|--|---|
| <input type="checkbox"/> Pleasure or <input type="checkbox"/> Business, not flown by professional pilots employed for this purpose | <input type="checkbox"/> Instruction and Rental |
| <input type="checkbox"/> Corporate / Executive, flown by professional pilots employed for this purpose | <input type="checkbox"/> Flying Club <input type="checkbox"/> Photography |
| <input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Crop Dusting | <input type="checkbox"/> Passenger Carrying - for Hire |
| <input type="checkbox"/> Other uses not indicated above (Explain) _____ | |

V. APPLICANT IS: Sole Owner Owner subject to mortgage or conditional sales contract
 Other - Explain _____

If aircraft is mortgaged, amount of mortgage (excl. interest and finance charges) \$ _____

Name and address of mortgagee _____

Will mortgagee require breach of warranty coverage? Yes No

VI. THE PILOT(S) FLYING THE AIRCRAFT: *This information is required for each pilot who will operate the aircraft in the policy term.*

Name	Date of Birth	PILOT CERTIFICATE AND RATINGS									LOGGED PILOT HOURS				
		Stu	Pvt	Com	ATP	Sel	Mel	Inst	Heli	Total	A/C Model Insured	Heli-copter	Ret. Gear	Multi-Engine	Last 12 Mo. All A/C
1.															
2.															
3.															
4.															

For student pilots, name instructor and flight school giving instruction _____

Pilot No.	FAA Pilot Certificate No.	Medical Cert – Date/Class	Date of Biannual Flt. Review	BFR Conducted By	PIC. Next 12 Mo.
1.					
2.					
3.					
4.					

Name and address of pilots' employer if other than the applicant: _____

- Does any pilot named above have any physical impairments, waivers, limitations or conditions attached to their medical certificates? Yes No If Yes, explain: _____
- Has an FAA or Military Pilot Certificate held by any pilot named above been suspended or revoked? Yes No If Yes, explain: _____
- Has any pilot named above ever been cited for any violation of Federal Air Regulations? Yes No If Yes, explain: _____
- Has any pilot named above ever been involved in any aircraft accident? Yes No If Yes, explain: _____
- Has any pilot named above ever been convicted of or pleaded guilty to (a) drunk driving? Or (b) any felony? Yes No If Yes, explain _____

VII. AIRCRAFT OPERATION:

Number of hours aircraft was flown during the Past 12 months: _____ Est. flight hours in Next 12 months: _____
 Aircraft based and Hangared Tied-down at:
 Airport: _____ Public Private Tower Yes No Runways paved? Yes No
 City: _____ State: _____ Runway Lights Yes No Runway Length _____ Ft.
 Will aircraft be operated other than at paved public airports? Yes No Outside the 48 contiguous US States? Yes No
 If Yes, Where? _____ Purpose? _____ Frequency? _____
 How frequently does applicant use non-owned aircraft? _____
 Will aircraft be used for student or pilot instruction? Yes No If Yes, explain _____
 Does applicant own other aircraft? Yes No If Yes, list makes / model(s) _____

VIII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE *Please explain each "Yes" answer below.*

- Has applicant had any aircraft/aviation losses, claims or incidents during last five years? No Yes _____
- Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? No Yes _____
- Name of last or present aircraft insurance company: _____ Expiration Date: _____

All particulars herein are warranted 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 this Company to investigate all or any qualifications or statements contained herein. I / we certify that all flight hours and training reported above have occurred in the same aircraft category and class as the aircraft for which approval is sought. **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.

Applicant 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.

**STATE FRAUD WARNINGS
PLEASE READ CAREFULLY**

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 an 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

NOTICE TO D.C. 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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes 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 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 civil fines and criminal 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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall be also 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 any false, incomplete or misleading information is guilty of a felony.

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 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 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 WEST VIRGINIA 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.

NOTICE TO ALL OTHER STATE 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.