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| APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE |
| CHECK WHICH IS DESIRED: [ ]  INSURANCE POLICY [x]  RENEWAL POLICY |
| NAME OF APPLICANT/INSURED (including D/B/A’s and Holding Companies):  |
| POLICY ADDRESS:  |
| BUSINESS OR OCCUPATION OF APPLICANT:  |
| APPLICANT IS: [ ]  INDIVIDUAL(S) [ ]  CORPORATION [ ]  PARTNERSHIP [x]  LIMITED LIABILITY COMPANY [ ]  OTHER |
| INSURANCE IS REQUESTED FROM 12:01 A.M.  |

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| Liability & Physical Damage Coverage  |
| AircraftYear, Make and Model | Aircraft Registration Number | Seats | Aircraft Insured Value Requested | Aircraft Liability Limit Requested | Hgrd | Tied | AIRCRAFT BASE(Airport ID) | Total Estimated flight hours next 12 months |
|  |  |  |  |  |  |  | [ ]  | [ ]  |  |  |

Are there any changes or alternate quotations for LIABILITY or HULL COVERAGE? [ ]  Yes [ ]  No If yes, please describe: Attached

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| PURPOSE OF USE & AIRCRAFT OPERATIONS |
| Check all applicable uses:[ ]  Pleasure or [ ]  Business (not flown by professional pilots employed for this purpose)[ ]  Corporate Executive (flown by professional pilots employed for this purpose)[ ]  Instruction and/or Rental (name of student(s) and/or flight school):[ ]  Flying Club [ ]  Photography [ ]  Sightseeing [ ]  Patrol Flights [ ]  Agriculture [ ]  Air Ambulance [ ]  Other (Explain):  |
| Do aircraft carry passengers for hire or engage in any other operations for which a charge is made or reimbursement is received?[ ]  Yes [ ]  No If “Yes,” describe usage below on next three lines. If “No,” skip to “Areas of aircraft operation.” |
|  [ ]  FAR PART 91.501 |
|  [ ]  FAR PART 135 Name of certificate holder (if other than Applicant-Insured): |
|  [ ]  Dry Lease, Swap Time, etc. (Describe): |
| Are any aircraft operated by a Single Pilot Crew? [ ]  Yes [ ]  No |
| Are there procedures in place to use Second-In-Command pilots? [ ]  Yes [ ]  No |
| Estimated number of hours for Single Pilot operations annually: |
| Average numbers of passengers carried per flight: |
| Average profile of passengers carried: % Employee % Guests % Family  |
| Areas of aircraft operation: [ ]  U.S.A. [ ]  Canada [ ]  Mexico [ ]  Other countries (list): |
| Will the aircraft normally be operated from paved, public airports? [ ]  Yes [ ]  No If “No,” explain: |
| Are flights made to U.S. Military Installations? [ ]  Yes [ ]  No |
| Does the aircraft have a “Standard” Airworthiness certificate in full force and effect? [ ]  Yes [ ]  No If “No,” explain: |
| Has the applicant signed any agreements or contracts with respect to aircraft operations? [ ]  Yes [ ]  NoIf “Yes,” please attach copies (e.g. hangar, maintenance, engine rental agreements, etc.).  |

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| NON-OWNED AIRCRAFT |
| Do you anticipate renting or chartering of other aircraft by applicant or any employees, or any use of employee’s personal aircraft on behalf of applicant?[ ]  Yes [ ]  No If “Yes,” describe purpose, types of aircraft used, and anticipated annual utilization: |
| Do you anticipate use of temporary substitute aircraft during servicing or maintenance of insured aircraft?[ ]  Yes [ ]  No If “Yes,” describe purpose, types of aircraft used, and anticipated annual utilization: |

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| ADDITIONAL INTERESTS (e.g. Banks, Additional Insureds, Lessors, etc.) |
| Any Change to the below listed entity(s) listed on your policy? [ ]  Yes [ ]  No If yes, please describe: |
| Aircraft | Additional Interest | Nature of Interest | Certificate Requested |
| ALL | Signature Flight Support | Waiver of Subrogation;30DNOC;10DNOC for Nonpay | YES |

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| **Pilots: LIST ALL PILOTS [both employed and contract] *who operate Applicant’s aircraft and have each complete the below or accompanied Pilot Experience Form, then print, sign, and return the form to us via email or fax (803.620.1908).***  |
|  |  | Pilot Certification and Ratings | Medical Certificate | Total Logged Pilot Hours |
| Name of Pilot | Date of Birth | Student | Private | Commercial | ASEL | AMEL | Instrument | ATP | Other | Date of Last Physical | Class | Total Logged Hours | Single Engine Retract. Gear | Total Multi Engine | Total Turbo Prop | Total Jet | Total Hours Last 12 Mos. |
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| Pilot | Aircraft Make and Model (MM) | Total Hours MM | Hours Last 12 Months in MM | Last Training for MM | Date of Last Training for this MM |
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Attach a separate sheet for additional pilots if necessary.

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| Explain Circumstances If:1. Do any pilots named above have any physical impairments, waivers, or statements of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their Medical Certificate? [ ]  Yes [ ]  No If “Yes,” explain:
2. Have any pilots named above ever had an aircraft claim, incident or accident, or been cited or fined for violation of any aviation regulation of any country? [ ]  Yes [ ]  No If “Yes,” explain:
3. Have any pilots named above ever had their FAA, Transport Canada, or military pilot certificate suspended or revoked? [ ]  Yes [ ]  No If “Yes,” explain:
4. Have any pilots named above ever been convicted of a felony or are they under indictment for a felony? [ ]  Yes [ ]  NoIf “Yes,” explain:
5. Have any pilots named above ever been arrested, convicted of, or plead guilty to a charge or reckless driving or driving a motor vehicle under the influence of alcohol or narcotics? [ ]  Yes [ ]  No If “Yes,” explain:
6. Have any pilots named above ever had their driver’s license suspended or revoked? [ ]  Yes [ ]  No If “Yes,” explain:
7. Have any pilots named above ever been convicted of or under indictment in a legal action involving drugs or narcotics? [ ]  Yes [ ]  No If “Yes,” explain:
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| TRAINING REQUIREMENTS |
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| INSURANCE & CLAIMS HISTORY |
| Name of last aviation insurance carrier (if none or new purchase, so state):  |
| Has applicant had any aircraft or aviation-related insurance claims, losses, accidents, or incidents? [ ]  Yes [ ]  No If “Yes,” explain: |
| Is there any unrepaired damage to the aircraft listed on this application? [ ]  Yes [ ]  No If “Yes,” explain: |
| 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 named herein with regard to any type of insurance? [ ]  Yes [ ]  No If “Yes,” explain: |
| Is there any other pertinent information or any other changes in exposure which materially affect this risk? [ ]  Yes [ ]  No If “Yes,” explain: |
| Name of Agent or Broker: Kassel Aviation Insurance, PO Box 5996, Columbia, SC 29250 |

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| 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.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. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and title of Policyholder or representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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. |