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| APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE |
| CHECK WHICH IS DESIRED:  INSURANCE POLICY  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  LIMITED LIABILITY COMPANY  OTHER |
| INSURANCE IS REQUESTED FROM 12:01 A.M. |

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| Liability & Physical Damage Coverage | | | | | | | | | | |
| Aircraft  Year, 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 |
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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  No  If “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  No If “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. |