



# AIRCRAFT INSURANCE APPLICATION U.S. SPECIALTY INSURANCE COMPANY

P.O. BOX 797408, DALLAS, TX 75379  
800 777-2378 FAX 972 447-0000

Name Insured & Address:	Producer:
Business or Occupation:	Effective Date:
Phone: Business (      )	Business (      )

AIRCRAFT	FAA	Total	Engine	Engine
Year/Make/Model	Number	Seats	Hours	Horsepower

Aircraft usually based and  Hangared  Tied Down at (City & State): \_\_\_\_\_  
 Airport ID: \_\_\_\_\_ Airport: \_\_\_\_\_  
 Private Airport  Public Airport  Paved Runways?  Yes  No. Longest Runway: \_\_\_\_\_

LIABILITY COVERAGES		LIMITS		PREMIUMS
D Single Limit of Bodily Injury & Property Damage, _____cluding passengers	\$	Each Occurrence	\$	
DL Single Limit Bodily Injury and Property Damage Liability including limited Passenger Bodily Injury Liability	\$	Each Occurrence limited to:		
	\$	Each Passenger	\$	
E Medical Payments, _____cluding crew	\$	Each Person		
	\$	Each Occurrence	\$	
PHYSICAL DAMAGE COVERAGE		AGREED VALUE	DEDUCTIBLE	
F While Not in Motion	\$	\$	\$	
G While in Motion	\$	\$	\$	
Other Coverages				
			TOTAL ANNUAL PREMIUM	\$

**PURPOSE OF USE**

Pleasure and Business                       Charter/Air Taxi                       Flying club  
 Instruction and/or rental                       Commercial  
 Special Uses. Defined as: \_\_\_\_\_

**OWNERSHIP INFORMATION** Applicant is Sole Owner without liens except as indicated:

Owner subject to lien with  Lienholders Interest or  Loss Payee.  
 Lessee or  Lessor (if a lease agreement exists, attach copy.)  
 Other – explain on reverse or separate sheet

Name and Address \_\_\_\_\_ Present Amount \$ \_\_\_\_\_  
 of Lienholder

PILOT INFORMATION	Certificates & Ratings							Total Logged Pilot Hours					Date of Last																	
	A	G	E	S	T	R	E	C	R	S	P	O	R	P	V	T	C	O	M	L	Ratings	Total	Last 90 Days	RG	ME	TW	MM	MED Date	BFR Date	

Open Pilot Provisions: \_\_\_\_\_  
 Special Pilot Requirements: \_\_\_\_\_

- To complete application, refer to aircraft and engine logbooks, and pilot logbooks and other official records.
- If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.
- Please use Section 3 to explain any "Yes" answers to the questions below.
- If applying for insurance on multiple aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

### SECTION 1. APPLICANT SECTION

Applicant is  Individual  Corporation  Co-Ownership  
 (Name all partners) \_\_\_\_\_  
 Name of  Last or  Present Aviation Insurance Company \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ or  None

### SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION

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|--|--|
| A. Does the aircraft have other than a standard airworthiness certificate in full effect?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Are there any other aircraft owned by the applicant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Has aircraft been equipped with any modifications not provided by manufacturer?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Do you anticipate aircraft to be operated outside the continental United States?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Will aircraft be normally operated from other than paved public airports?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section on reverse?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Will other than the applicant and pilots listed in Pilots on reverse have use of aircraft?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Will aircraft be used for any purpose(s) for which a charge is made?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Is there any unrepaired damage to aircraft?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Has Applicant had any aircraft/aviation losses or claims?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Do any pilots named on reverse have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses.) limitations or conditions attached to their medical certificate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Has any pilot named above had any convictions, suspensions, or revocations for, FAR violations, use or possession of drugs, or reckless or drunk driving?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Has any pilot named above ever been involved in any accident or incident?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Has Applicant or any pilot named above ever been convicted of a felony?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### SECTION 3. REMARKS

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above)

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### PLEASE READ & INITIAL

#### MINIMUM PILOT REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings and pilot experience indicated, and who, is/are properly qualified to the flight involved.

INITIAL \_\_\_\_\_

#### USE REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

INITIAL \_\_\_\_\_

#### AIRWORTHINESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect.

INITIAL \_\_\_\_\_

I/We certify all statements or representations contained on both sides of this application are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representative, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

I/We Authorize \_\_\_\_\_ to represent me/us in placing this insurance.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_