



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

AIRCRAFT OWNERS APPLICATION

General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____
3. City: _____ State: _____ Zip: _____
4. E-Mail: _____ County: _____
5. Business Telephone Number: () _____ Fax: () _____
6. Physical Location of Aircraft: _____
7. Population within 50 miles: _____
8. Other Locations Used (attach additional sheet if required):
Physical Address: _____
City: _____ State: _____ Zip: _____
9. States, territory or area aircraft will be operated in: _____
10. Contact Person: _____
11. Producer No.: _____ Producer's Name: _____
12. Producer's E-mail: _____
13. Is this a new purchase? Yes No If no, how many years have you been the aircraft owner? _____
14. Applicant is: Individual Corporation Partnership Joint Venture
 Other (please describe): _____
15. Applicant is: Aircraft Owner Aircraft Lessee Borrows or Uses Aircraft Owned by Others
16. Detailed description of business activities (specifically, and by location): _____

17. List other owned aircraft, and indicate how these are insured: _____
18. Annual Number of flights: _____
19. Total Number of Pilots: _____ Name of Pilot in Command: _____

Insurance History

20. Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No
Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Desired Insurance

Hull Coverage: Hull Value \$ _____ How determined? _____

Amount of encumbrance: _____ Full Coverage Loan Amount

Will any Lienholder require breach of warranty coverage? Yes No

Limit of Liability:

- \$5,000 per person / \$5,000 property damage / \$10,000 per accident / \$25,000 aggregate
- \$10,000 per person / \$10,000 property damage / \$20,000 per accident / \$50,000 aggregate
- \$20,000 per person / \$20,000 property damage / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$50,000 property damage / \$75,000 per accident / \$150,000 aggregate
- \$100,000 per person / \$100,000 property damage / \$200,000 per accident / \$300,000 aggregate
- Other: _____

Self-Insured Retention (SIR): \$1,000 (Min.) \$1,500 \$2,500 \$5,000 \$10,000 Other: \$ _____

Aircraft Information - Complete the following section for each aircraft to be insured. Photocopy section if necessary.

37. Aircraft Make: _____ Year: _____ Model: _____

38. FAA Number: _____

39. Seats (including Pilot): _____ Hours flown (last year): _____

40. Is aircraft a: Seaplane Helicopter Airplane If aircraft is a seaplane, tell us:

- a. Make and Model of Floats: _____
- b. Make and Model of Skis: _____
- c. If used seasonally, list season start and end dates: _____ to _____

41. Aircraft usage: _____

- a. Commercial Use: _____ %: Detailed Description: _____
- b. Training/Instruction: _____ %: Detailed Description: _____
- c. Private/Personal: _____ %: Detailed Description: _____

When not flown, the aircraft is: Always hangerred Always tied down Other (explain): _____

42. List all planned flights during the next year. List the most frequently flown route first.

Route Departure and Destination Locations		% of annual flights on this route
Departure	Destination	

43. Airport location: _____

44. Pilots who will be using this aircraft: _____

Note: All pilots to be insured must be complete a copy of the attached Pilot Supplement.

45. Lienholder: _____ None

a. Lienholder Address _____

b. City: _____ State: _____ Zip: _____

c. Loan Number: _____ Remaining Balance: _____

46. Who completes required maintenance and repair work?

a. Name: _____

b. E-Mail: _____ Business Telephone No.: () _____

c. Fax: () _____

d. Date of last service: _____ Service Description: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name



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**PILOT'S
 SUPPLEMENTAL
 APPLICATION**

Complete the following information for each pilot to be insured. Pilots who are not scheduled will not be covered.

General Information

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____
3. City: _____ State: _____ Zip: _____
4. E-Mail: _____ County: _____
5. Business Telephone Number: () _____ Fax: () _____
6. Contact Person: _____

Pilots

7. Name of Pilot: _____ Date of Birth: _____
8. Pilot Address: _____
 City: _____ State: _____ Zip: _____
9. Pilot's Employer: _____
10. Start date: _____
11. Make and model of all planes Pilot will be flying in the next 12 months: _____

12. Education:

- a. Traditional schooling: _____
- b. Flight School: _____

13. Has the pilot ever been involved in any aircraft accident or incident? Yes No

If yes, please explain: _____

14. Pilot's logged flight hours:

Name the top three aircraft you have the highest time in:	Single Engine	Multi-Engine	Complex	Seaplane	Helicopter	Turbine Aircraft
Make and Model of Craft:						
Make and Model of Craft:						
Make and Model of Craft:						
Dates Flown						
Pilot In Command (hrs.)						
Second in Command (hrs.)						
Dual (hrs.)						
Cross Country (hrs.)						
Night (hrs.)						
Instrument (hrs.)						
Total Last 12 Mo. (hrs.)						
Total Last 90 Days (hrs.)						
TOTAL HOURS						

15. Certifications and ratings currently held: _____

16. Do you fly in Class B airspace? Yes No
 If yes, how often? _____ or what percentage of the time _____ %

17. What percentage of flight time is in controlled airspace? _____ %

18. FAA certificate number: _____ Renewal Date on medical ___ / ___ / ___ Class 1 2 3
19. Date first certified as a pilot: _____
20. Date of last flight review: _____
21. Are there any waivers or limitations on your Medical Certificate? Yes No
22. Have you ever been:
- a. Cited for violating civil or military flight restrictions? Yes No
 - b. Convicted of or pled guilty to a felony? Yes No
 - c. Arrested for driving under the influence of drugs or alcohol? Yes No

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Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Signature

Signature

Print Name

Print Name