



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

AIRCRAFT MECHANIC APPLICATION

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Telephone Number: _____ Fax: _____

Current Employer: _____ Start Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Employer: _____ Dates: From _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide the following information:

A&P Work:	# of Days Per Year	Annual Gross Receipts
Paid		\$
Volunteer		\$

Do you charge per hour? Yes No If yes, how many hours per day on average for A&P operations? _____

Desired Insurance

Liability Coverage	Limits of Liability Requested					
	Silver		Gold		Platinum	
	Each Person	Each Occurrence	Each Person	Each Occurrence	Each Person	Each Occurrence
Sublimits	\$25,000	\$50,000	\$50,000	\$100,000	\$100,000	\$300,000
SIR (Deductible)	\$2,500		\$2,500		\$2,500	
Aggregate	\$100,000		\$200,000		\$500,000	

1. Do you have primary liability insurance through your employer? Yes No
 If yes, please list employer's name _____

2. Please list all types of work you perform on aircraft: _____

3. What types of work will you NOT perform on aircraft? _____

4. Please list all certifications and licenses held: _____

5. Where and when did you receive your training? _____

6. Where and when did you receive your most recent training? _____

7. Please select all types of mechanical specialties that you do:
 Aircraft Body and Bonded Structure Repair Airframe and Power Plant (A&P) Avionics
 Other (describe): _____
8. Please select all types of aircraft you work on: Single Engine Airplane Multi-Engine Airplane Helicopter
 Glider Other (describe): _____
9. Are any private airfields / heliports used? Yes No
If yes, explain: _____
10. Describe all Aircraft that you own, have registered to you, or that you lease for more than 30 days, or Aircraft in which you have any financial interest: _____

11. Have claims by others arisen out of the operation of any non-owned aircraft in your custody? Yes No
12. Do you want Pilot coverage as well? Yes No

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