

AIRCRAFT INSURANCE APPLICATION



A Division of Shaw Aviation Insurance Service, Inc. -License #0B14220
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Please issue coverage through ("insurer") _____

Effective from: _____ to 12:01 AM (date): _____

I. Name of Applicant: _____ Res. Phone: _____ E-mail: _____

Business or Occupation of Applicant: _____ Bus. Phone: _____

Address: _____ City: _____ State: _____

Applicant is: Individual Corporation Partnership-Name all Partners

II. Aircraft

Year, Make, Model	FAA Number	Seating Capacity		Amount Paid (with extras)	Estimated Value Today (with extras)
		Passenger	Crew		
1) _____	N- _____	_____	_____	\$ _____	\$ _____
2) _____	N- _____	_____	_____	\$ _____	\$ _____

Make and horsepower of engine(s)	Engine hours since new or last major	Aircraft hours since last "annual"	Date Purchased	Category:
1) _____	1) _____	1) _____	1) _____	1) <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Amphib
2) _____	2) _____	2) _____	2) _____	2) <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Amphib

Is a "Standard" Airworthiness Certificate currently in full force and effect? 1) Yes No 2) Yes No

Is there any unrepaired damage to the aircraft? Yes No If Yes explain: _____

Aircraft usually based and Hangared Tied-down at: _____
 Airport: _____ ID: _____
 City: _____ State: _____

Airport is: Public Private
 FAA Tower Yes No
 Runway Lights Yes No

Longest Runway ft. _____
 Paved Runway Yes No

III. LIABILITY COVERAGES AND LIMITS

	PREMIUMS
<input type="checkbox"/> Combined Single Limit Bodily Injury and Property Damage, \$ _____ each occurrence	\$ _____
Passengers <input type="checkbox"/> Excluded <input type="checkbox"/> Included - <input type="checkbox"/> NOT Limited ("Level") <input type="checkbox"/> Limited to: \$ _____ ea. passenger	
<input type="checkbox"/> Other (specify): _____	\$ _____
<input type="checkbox"/> Medical Payments: \$ _____ each person; \$ _____ each occurrence	\$ _____

IV. PHYSICAL DAMAGE ("HULL") COVERAGE:

	Amount of Insurance*		Deductibles		Total Policy Premium
	Aircraft #1	Aircraft #2	Not in Motion	In Motion	
<input type="checkbox"/> Ground and Flight	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OR, <input type="checkbox"/> Ground ONLY (Not in Motion)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Endorsement(s) Premiums:					\$ _____
*Explain Amount of Insurance if other than Estimated Value Today (below)					

V. OWNERSHIP - Applicant is (Chek one):

- 1. Sole Owner with no liens.
- 2. Sole Owner subject to lien with(complete following):

Unpaid Amount of Loan, excluding interest and other finance charges: \$ _____
 Lienholders Interest Insurance ("Breach of Warranty") is: Needed Not Needed

Name and Address of Lienholder: _____

- 3. Lessee (attach copy of lease agreement)
- 4. Other - Explain on separate sheet and attach.

VI. UTILIZATION - Number of hours aircraft flown Past 12 months: _____ Estimated Next 12 months: _____

VII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE

Please explain each "yes" answer.

- 1. Has applicant had any aircraft/aviation losses/claims? No Yes- _____
- 2. Has any insurer sent notice of cancellation or refused to renew any aviation insurance for applicant? No Yes- _____
- 3. Name of Last or Present aviation insurance Co.? (None): _____ Exp. Date _____

VIII. USES OF AIRCRAFT

Please explain each "yes" answer.

- 1. Will other than applicant have use of the aircraft? No Yes- _____
- 2. Will the aircraft be operated outside of the continental U.S.A.? No Yes- Where? _____ Freq. _____
- 3. Will aircraft be used for instruction (other than recurrent training for approved pilots)? No Yes- _____
 Name of trainee(s): _____ Instructor: _____ Flight School _____
- 4. Will aircraft be operated from other than FAA designated airport (except in a declared emergency)? No Yes-
 Where? _____ Frequency: _____
- 5. Will aircraft be used for any purpose(s) for which a charge is made to others? No Yes- _____

IX. PILOTS Information required on each pilot who will operate the aircraft			Logged Pilot In Command Hours						
			Total	Single Engine		Multi-Engine		Last 12 mo.	
Pilots Name	DOB	Certificates and Ratings		Fixed Gear	Retract. Gear	Piston	Turbine	All Aircraft	Make and Model
1.									
2.									
3.									
4.									

Complete for Each Pilot	PILOT 1	PILOT 2	PILOT 3	PILOT 4
FAA Certificate No.:				
Date of Last Proficiency Flight:				
Proficiency Flight Conducted by:				
Date of Last Medical Class:				
PIC Hours Logged Last 90 Days:				

Please answer for **each and every** pilot listed above and explain "yes" answer **showing which pilot**:

- 1. Does the pilot have any: (a) physical impairments? No Yes- _____
- 2. Has an FAA or Military Pilot Certificate held by the pilot ever been suspend or revoked? No Yes- _____
- 3. Has the pilot ever been cited for any violation of Federal Air Regulations? No Yes- _____
- 4. Has the pilot ever been involved in any aircraft accident? No Yes- _____
- 5. Has the pilot ever been convicted of or pleaded guilty to (a) a felony, or (b) drunk driving ("DUI")? No Yes- _____

NOTES: Please use this section for any added comments or explanations of the questions above. Please note section and question number.

Agent Notes:

(Singular pronoun to be considered as plural where appropriate):

I authorize Avquest Insurance, a division of Shaw Aviation Insurance Service, Inc. to represent me in the placing of this insurance. I represent that all information provided in this application is true and complete to the best of my knowledge and that no relevant information has been withheld. I understand that no insurance is in effect until the "insurer" on the front side of this policy issues a binder or policy of insurance and that the terms and conditions of such binder or policy shall be the sole basis of any contract between me and the "insurer". I understand that if insurance is ordered from and accepted by the "insurer", the full amount of the premium becomes immediately due and payable. I authorize the "insurer" to investigate all or any qualifications or statements contained herein. I further agree that if I fail to pay, when due, any premium due or hereafter due under any policy of insurance which is the subject of this insurance application, I hereby grant Avquest security interest in and to the aircraft described above, to the extent that Avquest pays the same, and appoint Avquest power of attorney to execute any and all documents for and on behalf of me to perfect such interest, including, without limitation, the filing of an appropriate lien with the Federal Aviation Administration.

Signature(s) of Applicant(s) _____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Title if Corporation: _____