

AEROSPACE



Aircraft Insurance Application

Policy/Quote No. _____

Quotation Insurance Binder

Insurance Company: **ACCELERATION NATIONAL INSURANCE COMPANY**

1 Name of Applicant: _____

2 Address: _____

City _____ State _____ Zip Code _____

Mailing Address (if different): _____

City _____ State _____ Zip Code _____

3 Phone Off: _____ Res. _____ Fax _____

4 Occupation of Applicant is: _____

Applicant is a(n): Individual Corporation Holding Corporation Partnership LLC Other (specify): _____

If a corporation, partnership or limited liability organization, please list all partners, shareholders, officers and directors: _____

5 Additional Insured: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Off: _____ Res. _____ Fax _____

Interest of Additional Insured _____

6 Present Insurance Company _____ Expiration Date _____

7 Insurance Requested from _____ to _____ 12:01 A.M. Local Time at Applicant's Address

8 Aircraft will be Hangared Tied Down at: _____
located at (City & State): _____

9 Liability and Medical Payments Coverage	Limit of Coverage	Premium <small>COMPANY USE ONLY</small>
<input type="checkbox"/> A. Bodily Injury Excluding Passengers	\$ _____ Each Person Each Occurrence	\$ _____
<input type="checkbox"/> B. Passenger Bodily Injury	\$ _____ Each Person Each Occurrence	\$ _____
<input type="checkbox"/> C. Property Damage	\$ _____ Each Occurrence	\$ _____
<input type="checkbox"/> D. Single Limit Bodily Injury & Property Damage cluding Passenger Bodily Injury	\$ _____ Each Occurrence	\$ _____
<input type="checkbox"/> DL Single Limit Bodily Injury & Property Damage Including Limited Passenger Bodily Injury	\$ _____ Passenger Bodily Injury Limited to: \$ _____ Each Passenger	\$ _____
<input type="checkbox"/> E. Medical Expenses ccluding Crew	\$ _____ Each Person Each Occurrence	\$ _____
<input type="checkbox"/> Other:		

10 **Aircraft Description & Physical Damage Coverage** Liability Premium Total \$ _____

	FAA No.	Make & Model	Yr. Built	Total Seats	Type*	Coverage**	Agreed Value	Deductibles		Premium
								NIM	IM	
A										
B										
C										

* L - Landplane R - Rotorcraft A - Amphibian S - Seaplane E - Experimental
 **Physical Damage Coverage Codes:
 F Ground Coverage Only Not In Motion
 G Flight Coverage
 H Ground Coverage Only In Motion

Physical Damage Premium Total \$ _____
 Other Premium / Tax \$ _____
TOTAL ANNUAL PREMIUM \$ _____

11 Purpose of Use: Pleasure & Business Instruction & Rental Air Charter Flying Club Special Use (Specify): _____

12 Applicant's interest in the Aircraft is: Sole Owner Sole Owner Subject to Lienholder's Security Interest Lessee
 Lienholder and/or Lessor Information: _____ Lienholder's Interest Endt. Required? Yes No

Lienholder _____ Lessor _____
 Address _____ Address _____
 City, ST & Zip _____ City, ST & Zip _____
 Phone: _____ Fax _____ Phone: _____ Fax _____

13 **Pilot Information**

Name	Age	PILOT CERTIFICATE & RATINGS							Other Ratings	MEDICAL CERTIFICATE	BIENNIAL FLIGHT REVIEW
		Student	Private	Commercial	AMEL	ASEL	Instrument	ATP		CFI	Date of Last Medical & Class
1											
2											
3											
4											

Logged Pilot Hours:	Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4
Total Logged Hours	_____	_____	_____	_____
Total Retractable Gear	_____	_____	_____	_____
Total Multi-Engine	_____	_____	_____	_____
Total Make & Model	_____	_____	_____	_____
Total Last 90 days	_____	_____	_____	_____
Total Last 12 Months	_____	_____	_____	_____
Total Rotor	_____	_____	_____	_____
Total Turbine Rotor	_____	_____	_____	_____
Total Turbo Prop	_____	_____	_____	_____
Total Jet	_____	_____	_____	_____

Pilot No. 1 Pilot No. 2 Pilot No. 3 Pilot No. 4 Attended _____ School Initial Recurrent
 Pilot No. 1 Pilot No. 2 Pilot No. 3 Pilot No. 4 Attended _____ School Initial Recurrent
 Pilot No. 1 Pilot No. 2 Pilot No. 3 Pilot No. 4 Attended _____ School Initial Recurrent

Date Completed: No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____

- 14 A. Has Applicant had any aircraft/aviation claims or losses within the last 3 years? Yes No
 B. Has any insurance company cancelled, declined or refused to renew any aviation insurance for Applicant? Yes No
 C. Does any pilot 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
 D. Does any pilot named above have any convictions, suspensions or revocations relating to a driver's license or airman certificate for: FAR violations, use or possession of controlled substances or driving while intoxicated? Yes No
 E. Has any pilot named above ever been involved in an aircraft accident or incident? Yes No

Please explain any "yes" answers in the space below (use additional sheets if necessary): _____

15 **Open Pilot Warranty and Policy Pilot Requirements**

_____ Total Logged Hours
 _____ Total Logged Hours in Retractable Gear Aircraft
 _____ Total Logged Hours in Multi-Engine Aircraft
 _____ Total Logged Hours in Rotorcraft
 _____ Total Logged Hours in Turbine Rotorcraft
 _____ Total Logged Hours in Turbo Prop Turbine Powered Aircraft
 _____ Total Logged Hours in Seaplane Amphibious Aircraft
 _____ Total Logged Hours in the same Make & Model Aircraft Insured School
 _____ Hours Logged of Dual Flight Instruction from a CFI prior to solo PIC Applies to Pilot No. 1 2 3 4
 _____ Hours Logged Solo PIC Prior to Carrying Passengers in the Aircraft Applies to Pilot No. 1 2 3 4
 Must Attend Insurance Company Approved School or Training Program Applies to Pilot No. 1 2 3 4
 Recurrent Training Required of PIC and/or Co-Pilot at Manufacturers or Company Approved Ground & Flight School.

I/We confirm that all the information given in his application is true and complete to the best of my/our knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the insurer shall be the basis for any contract between me/us and the Insurer.

Date: _____ Applicant's Signature: _____

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.