



## AIRCRAFT INSURANCE APPLICATION

Insurance Provided by  
Member Companies of  
American International Group, Inc.

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Effective from: \_\_\_\_\_ until \_\_\_\_\_ Both at 12:01 a.m. standard time at the address above.

Business of Applicant: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Former Business Names: \_\_\_\_\_

Applicant is:  Individual(s)  Partnership  Corporation  Holding Company  Government  Other (describe): \_\_\_\_\_ and is owned, controlled, or a subsidiary of \_\_\_\_\_

Is Applicant incorporated solely for ownership of the aircraft?  Yes  No

<b>LIABILITY COVERAGE</b>	<b>Limits of Liability Requested</b>		
	<b>Each Person</b>	<b>Each Occurrence</b>	<b>Premium</b>
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Property Damage Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Passenger Bodily Injury Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Single Limit _____ cluding Passengers	xxxxxxx	\$ _____	\$ _____
<input type="checkbox"/> With Passenger Liability Limited to:	\$ _____	xxxxxxx	
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other Liability (specify): _____	\$ _____	\$ _____	\$ _____

<b>CHEMICAL LIABILITY COVERAGE</b> (Aerial Application Only)	<b>Limits of Liability Requested</b>			
	<b>Each Person</b>	<b>Each Occurrence</b>	<b>Aggregate Limit</b>	<b>Premium</b>
Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____	\$ _____
Property Damage Liability	Not Applicable	\$ _____	\$ _____	\$ _____
Single Limit Property Damage & Bodily Injury, Excluding Passengers	Not Applicable	\$ _____	\$ _____	\$ _____

Check Appropriate Chemical Category:  XC-seeds and fertilizers only  
 RC- Restricted Chemical  
 CC-Comprehensive Chemical,  
including:  Farmer/Owner/Grower  Adjacent Fields  
 Crops Treated  Picloram

P.D. Claims Reimbursement: \$ \_\_\_\_\_ each occurrence arising from chemicals \$ \_\_\_\_\_ arising from other than chemicals.

<b>PHYSICAL DAMAGE COVERAGE</b>	<b>Amount of Insurance</b> <i>(must be equal to current market value)</i>	<b>Deductibles</b>	<b>Premium</b>
<input type="checkbox"/> All Risk: Ground and Flight	\$ _____	In Motion Ingestion Moored <input type="checkbox"/> \$1000.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> Other \$ _____ Not In Motion \$ _____	\$ _____
<input type="checkbox"/> All Risk: Not in Flight	\$ _____		\$ _____
<input type="checkbox"/> All Risk: Not in Motion	\$ _____		\$ _____

**TOTAL POLICY PREMIUM: \$ \_\_\_\_\_**

**AIRCRAFT** If Airworthiness Certificate is other than Standard or Normal, please indicate category: \_\_\_\_\_  
 Describe any STC's, modifications or unrepaired damage: \_\_\_\_\_

Make & Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib (A) Rotorwing (R)	Purchased		Price Paid by Applicant (incl. Extras)	Present Estimated Value (incl. Extras)	Engine Hrs. Since New, or Since Last Major Overhaul	Engine Make and HP
			Crew	Pass.		New / Used	Date				
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Aircraft usually based at: \_\_\_\_\_  
 (Name of Home Airport. Give details of runway length, construction & all obstructions.)  Hangared  Tied-Out

Does Applicant hangar, service, repair or crew other aircraft?  Yes  No  
 If Yes, describe: \_\_\_\_\_

Are any unapproved airports or unpaved runways used?  Yes  No  
 If Yes, describe: \_\_\_\_\_

Is any aircraft registered under other names that Applicant's name above?  Yes  No  
 If Yes, describe: \_\_\_\_\_

Describe all navigation outside the United States and Canada. \_\_\_\_\_

List all partners and owned, controlled, affiliated and subsidiary firms **on separate sheet**.  List attached.

Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs?  Yes  No

Applicant is:  Sole Owner of the aircraft  
 Owner subject to mortgage or conditional sales contract  
 Other (explain): \_\_\_\_\_

If aircraft is mortgaged, name and address of mortgagee: \_\_\_\_\_

Amount of mortgage (excluding interest and finance charges) \$ \_\_\_\_\_

Will Breach of Warranty Coverage be required by mortgagee?  Yes  No

Are any other Aircraft owned by, rented or used by or on behalf of Applicant?  Yes  No

If Yes: Model Aircraft \_\_\_\_\_ Uses \_\_\_\_\_ No. Hours per Year \_\_\_\_\_

**PILOT(s) NAMES**

All pilots who will regularly operate the insured aircraft must complete a "Pilot Qualification" form. List all names below.

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**PURPOSE OF USE** (Check all Applicable Uses)

- Pleasure or  Business (not flown by professional pilots employed for this purpose)
- Corporate – Executive (flown only by professional pilots employed for this purpose)
- Instruction  Rental (Commercial)  Flying Club  Photography
- Passenger Carrying for Hire (Charter / Air Taxi)  Air Ambulance (Charter / Air Taxi)
- Freight Carrying (Charter / Air Taxi)  Pipeline / Powerline Patrol
- Banner Towing  Aerial Application (SEE BELOW)

List all other uses not indicated above (explain each): \_\_\_\_\_

**AERIAL APPLICATION ONLY**

Please fill out this section only if you have checked "Aerial Application" under the PURPOSE OF USE section above.

List all states where you conduct aerial application: \_\_\_\_\_

Describe applicant's violation of any law or regulation governing aerial application operations: \_\_\_\_\_

Describe any owned/operated ground spraying equipment and type of use: \_\_\_\_\_

Show the percentage each represents to the total (100%):

Application of Glyphosate \_\_\_\_\_% Piclorams \_\_\_\_\_% Hormone Herbicides \_\_\_\_\_% Insecticides \_\_\_\_\_% Other \_\_\_\_\_%  
Application to Orchards/Groves \_\_\_\_\_% Vineyards \_\_\_\_\_% Forest/Tree Farms \_\_\_\_\_% Exotic Fruits/Vegetables \_\_\_\_\_% Other \_\_\_\_\_%

Name of last Aircraft Insurance carrier (if none, so state): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years. \_\_\_\_\_

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein?  Yes  No  
If Yes, explain. (Note: Missouri applicants Do Not Respond) \_\_\_\_\_

**NOTICE TO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO LOUISIANA APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

\_\_\_\_\_ **Applicant Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

*To Be Completed By Producer*

Producer: William J. Grohs A, Inc.  
Address: Waterbury-Oxford Airport - Tower Building City: Oxford State: CT Zip: 06478-1096  
Telephone Number: (203) 262-1552 Fax Number: (203) 262-1556 E-mail: customerservice@wjgrohsaviation.com