



Phoenix Aviation Managers, Inc.
15 So. Grady Way, Suite 634
Renton, WA 98055

15660 N. Dallas Parkway Suite 1100
Dallas, Texas 75248

AIRCRAFT INSURANCE APPLICATION

(Check Which is Desired) A QUOTATION INSURANCE

Name of Applicant _____

Address _____
Street Town or City State Zip
Business of Applicant _____

Applicant is: Individual Corporation Partnership Other _____

Insurance is requested from _____ 20 _____ to _____ 20 _____

AIRCRAFT: Is aircraft operational and Airworthiness Certificate in full force and in effect?
 Yes No If "No" explain _____

Is the aircraft operated under a FAA Standard Airworthiness Certificate?
 Yes No If "No" describe category _____

Has aircraft and/or engine(s) been modified?
 Yes No If "Yes" explain _____

Is there any unrepaired damage to the aircraft (minor or major)?
 Yes No If "Yes" explain _____

Make And Model	Year	FAA Cert Num	Seating Capacity		Land (L) Sea (S) Amp (A)	PURCHASE Date		Price Paid By Applicant (Incl. Extras)	Present Estimated Value (Incl. Extras)	Engine Hrs. New or Last Major Overhaul	Engine Make And HP
			Crew	Pass		New	Used				
1.											
2.											

LIABILITY COVERAGE	LIMITS OF LIABILITY		LIABILITY PREMIUMS
	EACH PERSON	EACH OCCURRENCE	
A. Bodily Injury – Excluding Passengers	\$	\$	\$
B. Property Damage	XXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury _____cluding Passengers; And Property Damage. <input type="checkbox"/> All Bodily Injury Limited to: <input type="checkbox"/> Passenger Liability limited to:	XXXX	XXXXXX	
D. Medical Expenses Including Crew			
<input type="checkbox"/> Other Liability			

PHYSICAL DAMAGE COVERAGE			
F. ALL RISKS GROUND AND FLIGHT	1. Agreed Value \$	Deductible \$	
	2. Agreed Value \$	Deductible \$	\$
G. ALL RISKS: NOT IN MOTION	1. Agreed Value \$	Deductible \$	
	2. Agreed Value \$	Deductible \$	\$

PURPOSE OF USE: (Check all applicable uses)
 Pleasure or Business, not flown by professional pilots employed for this purpose
 Corporate-Executive, flown by professional pilots employed for this purpose
 Patrol Flights Banner Towing Crop Dusting
 Other Uses not indicated above (explain) _____
 Instruction and Rental
 Flying Club Photography
 Passenger Carrying- For Hire

APPLICANT IS: Sole owner Owner subject to mortgage or conditional sales contract.
 Other - explain _____

If aircraft is mortgaged, name and address of mortgage _____

Amount of mortgage (excluding interest and finance charges) \$ _____
 Will Breach of Warranty Coverage be required for mortgage? \$ _____

THE PILOT FLYING THE AIRCRAFT: **This information is required for each pilot who will operate the aircraft during the policy term**

Pilot Certificate and Ratings

LOGGED PILOT HOURS

Name	Date Of Birth m/d/y	Stud	Pvt	Com'l	ATP	ASEL	SMEL	Instrument	Helicopter	Other	Total	A/C Model to be Insured	Helic	Multi Engine	Ret Gear	Tailwheel Equipped A/C	Last 12 Month in M/M to be Insured
1.																	
2.																	
3.																	
4.																	
Pilot No.	FAA Pilot Certificate No	Medical Certificate/Date of Physical/Class										Date of Biennial Flight Review					
1.																	
2.																	
3.																	
4.																	

Name and address of pilots' employer

If other than the applicant _____

For student pilots, name instructor and flight school giving flight instruction _____

1. Do any pilots named above have any physical impairments, waivers, limitations or conditions attached to their medical certificate?

If so, explain _____

2. Has FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked?

If so, explain _____

3. Has any pilot named above ever been cited for any violation of Federal Air Regulations or Administrative Action?

If so, explain _____

4. Has any pilot named above ever been involved in any aircraft accident, aviation losses, claims or incidents?

If so, explain _____

5. Has any pilot named above been convicted of or pleaded guilty to (a) charge of reckless driving or driving under the influence of alcohol or drugs?

(b) Felony? If so explain & provide date _____

OPEN PILOT PROVISIONS REQUESTED

AIRCRAFT OPERATION

Number of hours aircraft was flown during the PAST 12 MONTHS _____

Estimated hours to fly NEXT 12 MONTHS _____

Aircraft based and Hangared Tied-down at:

Airport	<input type="checkbox"/> PUBLIC AIRPORT	TOWER	<input type="checkbox"/> YES <input type="checkbox"/> NO	RUNWAYS PAVED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
City	<input type="checkbox"/> PRIVATE AIRPORT	RUNWAY LIGHTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
State				
	Airport Identifier _____	Length _____	FT	

Will aircraft be operated at other than paved public airports? NO YES

Where? _____ Purpose? _____ Length _____

Will aircraft be operated outside the 48 contiguous states of U.S.A.? NO YES

Where? _____ Purpose? _____ Frequency? _____

How frequently does applicant use non-owned aircraft? _____

Will aircraft be used for student or pilot instruction? NO YES

If "Yes" explain _____

Are other aircraft owned by applicant? YES NO

If "Yes" list make(s) and model(s) _____

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE PLEASE EXPLAIN EACH "YES" ANSWER BELOW:

1. Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? YES NO

2. Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance?

YES NO (Not applicable in the following states: Missouri).

3. Name of Last or Present Aircraft Insurance Company: _____ Expiration date: _____

All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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.

Arkansas – 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.

Colorado – 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 agencies.

District of Columbia - 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.

Florida - 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 of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – 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.

Maine – 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.

Maryland – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York – 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – 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.

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date _____ Applicant's Signature _____
All Owners Must Sign

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

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer _____

Address _____

City _____

State _____

Phone No. _____ Fax No. _____