

VI. THE PILOT(S) FLYING THE AIRCRAFT: *This information is required for each pilot who will operate the aircraft in the policy term.*

| Name | Date of Birth | PILOT CERTIFICATE AND RATINGS | | | | | | | | | LOGGED PILOT HOURS | | | | |
|------|---------------|-------------------------------|-----|-----|-----|-----|-----|------|------|-------|--------------------|-------------|-----------|--------------|---------------------|
| | | Stu | Pvt | Com | ATP | Sel | Mel | Inst | Heli | Total | A/C Model Insured | Heli-copter | Ret. Gear | Multi-Engine | Last 12 Mo. All A/C |
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |

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

| Pilot No. | FAA Pilot Certificate No. | Medical Cert - Date/Class | Date of Biannual Fit. Review | BFR Conducted By | PIC. Next 12 Mo. |
|-----------|---------------------------|---------------------------|------------------------------|------------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Name and address of pilots' employer if other than the applicant: _____

- Does any pilot named above have any physical impairments, waivers, limitations or conditions attached to their medical certificates? Yes No If Yes, explain: _____
- Has an FAA or Military Pilot Certificate held by any pilot named above been suspended or revoked? Yes No If Yes, explain: _____
- Has any pilot named above ever been cited for any violation of Federal Air Regulations? Yes No If Yes, explain: _____
- Has any pilot named above ever been involved in any aircraft accident? Yes No If Yes, explain: _____
- Has any pilot named above ever been convicted of or pleaded guilty to (a) drunk driving? Or (b) any felony? Yes No If Yes, explain _____

VII. AIRCRAFT OPERATION:

Number of hours aircraft was flown during the Past 12 months: _____ Est. flight hours in Next 12 months: _____
 Aircraft based and Hangared Tied-down at:
 Airport: _____ Public Private Tower Yes No Runways paved? Yes No
 City: _____ State: _____ Runway Lights Yes No Runway Length _____ Ft.
 Will aircraft be operated other than at paved public airports? Yes No Outside the 48 contiguous US States? Yes No
 If Yes, Where? _____ Purpose? _____ Frequency? _____
 How frequently does applicant use non-owned aircraft? _____
 Will aircraft be used for student or pilot instruction? Yes No If Yes, explain _____
 Does applicant own other aircraft? Yes No If Yes, list makes / model(s) _____

VIII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE *Please explain each "Yes" answer below.*

- Has applicant had any aircraft/aviation losses, claims or incidents during last five years? No Yes _____
- Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? No Yes _____
- Name of last or present aircraft insurance company: _____ Expiration Date: _____

All particulars herein are warranted true and complete to the best of my/our 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 / we hereby authorize this Company to investigate all or any qualifications or statements contained herein. **FRAUD WARNING:** 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.

Applicant Signature: _____ **Date:** _____

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.