

Aero Insurance, LLC

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Madison, WI 53711

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**AVIATION INSURANCE APPLICATION**

Named Insured & Address:

Insurance Company:

Business or Occupation:

Effective Date:

Phone: Residence () _____

Business () _____

AIRCRAFT

Year, Make & Model	FAA Number	Total Seats	Engine Hours	Engine Horsepower

Aircraft usually based and Airport: _____ ☐ Hangared ☐ Tied Down at (City & State): _____
☐ Private Airport ☐ Public Airport Paved Runways? _____

COVERAGES AND LIMITS

LIABILITY COVERAGE	LIMITS		
	Each Person	Each Occurrence	Premiums
A. Bodily Injury, excluding passengers	\$ _____	\$ _____	\$ _____
B. Passenger Bodily Injury	\$ _____	\$ _____	\$ _____
C. Property Damage	X X X X	\$ _____	\$ _____
D. Single Limit of Bodily Injury & Property Damage, _____cluding passengers	Limiting Each <input type="checkbox"/> Person or <input type="checkbox"/> Passenger to \$ _____ Each Occurrence		\$ _____
E. Medical Payments, _____cluding crew	\$ _____	\$ _____	\$ _____
PHYSICAL DAMAGE COVERAGE			
	Agreed Value	Deductible	
F. While Not In Motion	\$ _____	\$ _____	\$ _____
G. While In Motion	\$ _____	\$ _____	\$ _____
Other Coverage:			\$ _____

PURPOSE OF USE

- ☐ Pleasure and Business ☐ Industrial Aid ☐ Limited Commercial
☐ Commercial Ex Instruction or Rental ☐ Commercial ☐ Flying Club
☐ Special Uses - Defined as: _____

OWNERSHIP INFORMATION

Applicant if Sole Owner without liens except as indicated:

- ☐ Owner subject to lien with ☐ Lienholders Interest or ☐ Loss Payee
☐ Lessee or ☐ Lessor (if a lease agreement exists, attach a copy)
☐ Other - Explain on reverse or use separate sheet

Name & Address _____ Present

of Lienholder _____ Amount of \$ _____

PILOT INFORMATION

Certificates & Ratings

Total Logged Pilot Hours

Name	Med	BFF	Age	Stu	Pvt	Cml	ATP	Ratings	Total	Make/Model	Retr	Gear	Multi Eng	L12M	L90D

To complete application, refer to aircraft and engine logbooks and pilot logbooks and other official records.

If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.

Please use Section 3 to explain any "Yes" answers to the questions on the next page.

If applying for insurance on multi aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

SECTION 1. APPLICANT SECTION

Applicant is ☐ Individual ☐ Corporation ☐ Co-Ownership/Partnership
(Name all partners)

Name of ☐ Last or ☐ Present Aviation Insurance Company _____ Expiration Date _____ or ☐ None

SECTION 2. AIRCRAFT OPERATIONS SECTION

- A. Does the aircraft have OTHER than a standard airworthiness certificate in full effect? A ☐ Yes ☐ No
- B. Are there any other aircraft owned by the applicant? B ☐ Yes ☐ No
- C. Has the aircraft been equipped with any modifications not provided by manufacturer? C ☐ Yes ☐ No
- D. Do you anticipate aircraft to be operated outside the continental United States? D ☐ Yes ☐ No
- E. Will aircraft be normally operated from OTHER than paved public airports? E ☐ Yes ☐ No
- F. Will aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the Pilot Section on reverse? F ☐ Yes ☐ No
- G. Will other than applicant and pilots listed in Pilot Section on reverse have use of the aircraft? G ☐ Yes ☐ No
- H. Will aircraft be used for any purpose(s) for which a charge is made? H ☐ Yes ☐ No
- I. Is there any unrepaired damage to the aircraft? I ☐ Yes ☐ No
- J. Has applicant had any aircraft/aviation losses/claims during the last three years? J ☐ Yes ☐ No
- K. Has any insurer cancelled, declined or refused to renew any aviation insurance for the applicant? K ☐ Yes ☐ No
- L. Do any pilots named on reverse have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their medical certificate? L ☐ Yes ☐ No
- M. Has any named pilot had any convictions, suspensions, or revocations for FAR violations, use or possession of drugs, or reckless or drunk driving? M ☐ Yes ☐ No
- N. Has any named pilot ever been involved in any accident or incident? N ☐ Yes ☐ No
- O. Has applicant or any named pilot ever been convicted of a felony? O ☐ Yes ☐ No
- P. Are ou a memmber of EAA or AOPA or any other associations? Member Number _____ P ☐ Yes ☐ No

SECTION 3. REMARKS

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above).

PLEASE READ & INITIAL

MINIMUM PILOT REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings, and pilot experience indicated, and who, is/are properly qualified for the flight involved.

INITIAL _____

USE REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

INITIAL _____

AIRWORTHINESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect.

INITIAL _____

I/We certify all statements or representations contained on both sides of this application are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualifications or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owner(s) of the property.

Fraud Warning: 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 hereto commits a fraudulent insurance act, which is a crime.

I/We authorize _____ Aero Insurance, LLC _____ to represent me/us in placing this insurance.

Applicants Signature _____ Date _____