

Aircraft Policy Application for Insurance

Proposed Effective Date: Click or tap to enter a date.

Notice to Applicant – 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant Information

Applicant Name and Mailing Address

Name:

Street:

City:

State:

Zip:

Additional Contact Information

Primary Contact Name:

Phone:

Title/Role:

Email:

Applicant Structure and Business

Applicant is: Individual Partnership Corporation Holding Company Government Trust
 Other Describe:

Business/Occupation:

Current or Previous Insurance

Previous Insurance Co:

Expiration Date:

Click or tap to enter a date.

Aircraft Information

Reg Number	Year	Make and Model	Total Seats	Gear Configuration	Airworthiness Type	Estimated Value
1.				(Select)	(Select)	\$
2.				(Select)	(Select)	\$
3.				(Select)	(Select)	\$

List any modifications, STC's, or existing damage to any aircraft:

List any lienholders, mortgages, or encumbrances to any aircraft:

Base Airport and Storage

Reg Number	Apt ID	Airport Name, City ST	AC Storage
1.			<input type="checkbox"/> Hangared <input type="checkbox"/> Not Hangared
2.		<input type="checkbox"/> Same as above, or:	<input type="checkbox"/> Hangared <input type="checkbox"/> Not Hangared
3.		<input type="checkbox"/> Same as above, or:	<input type="checkbox"/> Hangared <input type="checkbox"/> Not Hangared

Aircraft Uses

Reg
Number

Non-Commercial

- | | | | | | |
|----|-----------------------------------|-----------------------------------|--------------------------------------|---|---------------------------------|
| 1. | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Business | <input type="checkbox"/> Flying Club | <input type="checkbox"/> Corporate (pro pilots) | <input type="checkbox"/> Other: |
| 2. | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Business | <input type="checkbox"/> Flying Club | <input type="checkbox"/> Corporate (pro pilots) | <input type="checkbox"/> Other: |
| 3. | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Business | <input type="checkbox"/> Flying Club | <input type="checkbox"/> Corporate (pro pilots) | <input type="checkbox"/> Other: |

Describe any "Other" uses or charges made to pilots if any more than direct operating costs (fuel and oil):

Pilot 1 Information

Full Name: _____ Age: _____
Occupation: _____

Certificates, Ratings, Flight Experience and Medical

- | | | | |
|---------------------------------------|---|-------------------|-----------------|
| Medical Type: | Rating(s) | Fixed Wing | Rotorwing |
| <u>Certificate(s)</u> | | | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Instrument | Total Hours: | Total Hours: |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Multi Engine <input type="checkbox"/> CLT | Retractable Gear: | Piston RW: |
| <input type="checkbox"/> Light Sport | <input type="checkbox"/> SES <input type="checkbox"/> MES | Tailwheel: | Turbine RW: |
| <input type="checkbox"/> Private | <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI | Multi-Engine: | Last 12 Months: |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rotorwing | Turboprop: | |
| <input type="checkbox"/> ATP | <input type="checkbox"/> Glider | Jet: | |
| | <input type="checkbox"/> Lighter Than Air | Last 12 Months: | |

Make and Model Flight and Training Experience

- | <u>Make and Model</u> | <u>Total Hours</u> | <u>12 Months</u> | <u>Training type and facility</u> | <u>Training Date</u> |
|-----------------------|--------------------|------------------|-----------------------------------|----------------------|
| 1. | | | <input type="checkbox"/> Sim | |
| 2. | | | <input type="checkbox"/> Sim | |
| 3. | | | <input type="checkbox"/> Sim | |

Pilot 2 Information

Full Name: _____ Age: _____
Occupation: _____

Certificates, Ratings, Flight Experience and Medical

- | | | | |
|---------------------------------------|---|-------------------|-----------------|
| Medical Type: | Rating(s) | Fixed Wing | Rotorwing |
| <u>Certificate(s)</u> | | | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Instrument | Total Hours: | Total Hours: |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Multi Engine <input type="checkbox"/> CLT | Retractable Gear: | Piston RW: |
| <input type="checkbox"/> Light Sport | <input type="checkbox"/> SES <input type="checkbox"/> MES | Tailwheel: | Turbine RW: |
| <input type="checkbox"/> Private | <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI | Multi-Engine: | Last 12 Months: |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rotorwing | Turboprop: | |
| <input type="checkbox"/> ATP | <input type="checkbox"/> Glider | Jet: | |
| | <input type="checkbox"/> Lighter Than Air | Last 12 Months: | |

Make and Model Flight and Training Experience

- | <u>Make and Model</u> | <u>Total Hours</u> | <u>12 Months</u> | <u>Training type and facility</u> | <u>Training Date</u> |
|-----------------------|--------------------|------------------|-----------------------------------|----------------------|
| 1. | | | <input type="checkbox"/> Sim | |
| 2. | | | <input type="checkbox"/> Sim | |
| 3. | | | <input type="checkbox"/> Sim | |

Pilot 3 Information

Full Name: _____ Age: _____
 Occupation: _____

Certificates, Ratings, Flight Experience and Medical

Medical Type:		Medical Date:	
<u>Certificate(s)</u>	<u>Rating(s)</u>	<u>Fixed Wing</u>	<u>Rotorwing</u>
<input type="checkbox"/> Student	<input type="checkbox"/> Instrument	Total Hours:	Total Hours:
<input type="checkbox"/> Recreational	<input type="checkbox"/> Multi Engine <input type="checkbox"/> CLT	Retractable Gear:	Piston RW:
<input type="checkbox"/> Light Sport	<input type="checkbox"/> SES <input type="checkbox"/> MES	Tailwheel:	Turbine RW:
<input type="checkbox"/> Private	<input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI	Multi-Engine:	Last 12 Months:
<input type="checkbox"/> Commercial	<input type="checkbox"/> Rotorwing	Turboprop:	
<input type="checkbox"/> ATP	<input type="checkbox"/> Glider	Jet:	
	<input type="checkbox"/> Lighter Than Air	Last 12 Months:	

Make and Model Flight and Training Experience

<u>Make and Model</u>	<u>Total Hours</u>	<u>12 Months</u>	<u>Training type and facility</u>	<u>Training Date</u>
1.			<input type="checkbox"/> Sim	
2.			<input type="checkbox"/> Sim	
3.			<input type="checkbox"/> Sim	

*If Additional Pilots, have each pilot complete Beacon AVAC PHF1 Pilot History Form

Requested Limits of Coverage

Reg Number	Desired Hull (PD) Value	PD Coverage Type	Limit of Liability	
			Each Occurrence	Per Passenger
1.	\$		\$	\$
2.	\$		\$	\$
3.	\$		\$	\$

Note: All Requested Limits of Coverage are subject to underwriting review, approval, and acceptance. Deductibles are applicable in accordance with underwriting guidelines.

Losses, History, Operational and Pilot Questions

Pilot Questions:

- 1. INCIDENT or ACCIDENT: Has any pilot ever had an aircraft accident or incident?..... Yes No
- 2. FAR VIOLATION: Has any pilot been penalized for a FAR violation?..... Yes No
- 3. MEDICAL WAIVERS: Is any pilot currently flying under a waiver (Other than Vision Correction)?..... Yes No
- 4. LICENSE ACTION: Has any pilot ever had a Pilot's license suspended or revoked?..... Yes No
- 5. DUI/DWI: Has any pilot ever had a conviction of driving under the influence of alcohol or narcotics?.... Yes No
- 6. DRUG ACTION: Has any pilot ever had a conviction or indictment involving drugs or narcotics?..... Yes No

Applicant and Operational Questions:

- 7. CLAIMS: Has this Applicant made any aircraft or aviation insurance claims in the last 5 Years?..... Yes No
- 8. INTERNATIONAL FLIGHT: Will any aircraft knowingly be operated outside the United States, Mexico, Canada, or the Bahamas?..... Yes No
- 9. OTHER AVIATION BUSINESS: Is this Applicant also operating a commercial aviation business?..... Yes No
- 10. UN-REPAIRED DAMAGE: Is there any existing damage to any aircraft, including hail damage, or mechanical issues such that the aircraft is not flyable or not airworthy?..... Yes No
- 11. FELONY: Has this Applicant ever been convicted of a Felony?..... Yes No

All "Yes" answers above must be described in detail, including dates as applicable, on the following page.

“Yes” Answer explanations or any other relevant information:

For all “Yes” answers on the preceding questions, identify the question number and include any applicable dates and full explanation and/or description. If more than one response is required for any one question, please include dates and full explanation of each instance.

You may also include any additional training or safety initiatives conducted by applicant and pilots.

Applicant Attestation and Signature

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. 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.

X _____
Applicant Signature

Click or tap to enter a date.
Date

Printed Name: _____