

PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:

Airframe painting: \$ _____

Sale of parts, not installed: New: \$ _____ Used: \$ _____

Sale of fuel and oil (excluding Pumping Fees): \$ _____ Pumping Fees: \$ _____

Does applicant fuel/defuel any airlines? No Yes. Type of Aircraft: _____

Sale of aircraft: New: \$ _____ Used: \$ _____

Sale of food/beverages (including vending machines): \$ _____

Sale of other items and services: \$ _____ Describe: _____

Airline servicing (other than fuel): \$ _____ Describe: _____

Has applicant performed any engine or airframe modification work? No Yes Describe: _____

Has applicant ever sold, serviced or repaired "ultra-light" or "homebuilt" aircraft? No Yes Describe: _____

Professional Training Courses attended by your Employees? _____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Projected contract costs for next 12 months:

By applicant: \$ _____ Describe: _____

By independent contractors: \$ _____ Describe: _____

CONTRACTUAL LIABILITY ("HOLD HARMLESS" AGREEMENTS/INDEMNIFICATION CLAUSES)

Does applicant assume liability of others? No Yes. Attach all contracts assuming liabilities of others. All attached.

COVERAGES & LIMITS REQUESTED

POLICY PERIOD: From: _____ until _____ both at 12:01 AM at the applicant's address on the front page.

COVERAGES

Limits of Insurance

Commercial General Liability Coverage

General Aggregate Limit

(other than Products/Completed Operations)

\$ _____

Products/Completed Operations Aggregate Limit

\$ _____

Personal and Advertising Injury Aggregate Limit

\$ _____

Each Occurrence Limit

\$ _____

Fire Damage Limit (any one fire)

\$ _____

Medical Expense Limit (any one person)

\$ _____

Hangarkeeper's Liability Coverage

Each Aircraft Limit

\$ _____

Each Loss Limit

\$ _____

Deductible

(each aircraft) \$ _____

POLICY DEDUCTIBLE

Each occurrence \$ _____ Annual Aggregate \$ _____

Other coverages, restrictions, endorsements: _____

AIRCRAFT LIABILITY AND PHYSICAL DAMAGE COVERAGES DESIRED

- Bodily Injury Liability (Excluding Passengers) \$ _____ Each Person \$ _____ Each Occurrence
- Property Damage Liability \$ _____ Each Occurrence
- Passenger Bodily Injury Liability \$ _____ Each Person \$ _____ Each Occurrence
- Single Limit _____ cluding Passengers \$ _____ Each Occurrence
- With Passengers Liability Limited internally to \$ _____ Each Person
- Medical Payments Including Crew \$ _____ Each Person \$ _____ Each Occurrence

SCHEDULE OF AIRCRAFT AND PHYSICAL DAMAGE COVERAGE DESIRED

Note: In box next to value of aircraft check if: **F** All Risks - Ground and Flight
G All Risks - Not-In-Flight

A/C No.	F.A.A. No.	Make & Model	Year Mfg.	Seats (Incl) Crew	Value of A/C	Cov. Des.	Flight Operations During last/Next 12 Months				
							Total No. Hours Flown	Approximate % Flown for Each Operation			
								Instruction	Rental	Charter	Other
1							/	/	/	/	/
2							/	/	/	/	/
3							/	/	/	/	/
4							/	/	/	/	/

Applicant is the sole owner of all aircraft except: _____
 N# _____ Lessor Name / Address: _____
 Describe any STC's, modifications or unrepaired damage: _____
 Describe any other aircraft owned by, rented or used by or on behalf of applicant: _____
 Explains why coverage is not desired: _____

IF ANY AIRCRAFT ARE LEASED, COMPLETE FOLLOWING AS RESPECTS EACH OWNER:

Name	Age	Pilot Certificate		Pilot Hours					
		Type	Ratings	S.E. Fixed	S.E. Ret. Gear	Multi-Engine	Total Last 180 Days	Total for All Types	

IF ANY OF THE AIRCRAFT ARE ENCUMBERED, COMPLETE FOLLOWING

A/C No.	Amount of Lien	Name and Address of Lienholder

FRAUD WARNINGS CONTINUED

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 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 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 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, OR 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 OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OR AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10,365:3613.1)

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 TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

X _____
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____ License Number: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____