

INSURED

Name of Insured: _____

Address: _____

Telephone Number: Cell _____ Work _____

Occupation: Flight School _____ Email: _____

Coverage effective date: _____ to _____

Aircraft is based at: _____ Use of aircraft: _____

AIRCRAFT

A/C Year, Make & Model (MM)	A/C value	FAA #:	# Seats	Hangared or Tied	Aircraft Use	Annual utilization
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Aircraft is based at: _____

PILOTS

Pilots			Medical		BFR	Logged Hours					
Name	Age	Ratings	Date	Class	Date	Total	Dual	Complex	Multi	Tail	Last 12
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Has any pilot or applicant had any aviation claims, incidents, accidents, FAA Medical waivers (other than for corrective lenses), FAR violations, DUI's or Felony convictions in the last 5 years?

Yes No If yes explain: _____

LIABILITY

\$1,000,000 Each Occurrence Bodily Injury and Property Damage with Bodily Injury Limited to 100,000 Each Passenger

\$ _____ Combined Single Limit Bodily Injury and Property Damage Including Passenger Bodily Injury

\$5000 Medical Payments Each Passenger

All particulars herein are warranted true and completed 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 qualification or statements contained herein.

Applicants signature: X _____ Date: _____