

## PART I.

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Effective from \_\_\_\_\_ until \_\_\_\_\_ Both at 12:01 AM standard time at the address above.

Business of Applicant \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

Former Business Names \_\_\_\_\_

Applicant is: ☐ Individual(s) ☐ Partnership ☐ Corporation ☐ Holding Company ☐ Government

☐ Other (describe) \_\_\_\_\_

and is owned, controlled, or a subsidiary of \_\_\_\_\_

Is the Applicant incorporated solely for ownership of the aircraft? \_\_\_\_\_

Is Applicant IS - BAO certified? \_\_\_\_\_

Does Applicant meet Wyvern, Argus Safety Audit Standards or any other safety audit guideline? \_\_\_\_\_

What is the name of the auditing organization? \_\_\_\_\_

Please list all owners and % of ownership: \_\_\_\_\_

\_\_\_\_\_

## PART II. LIABILITY COVERAGE

Limits of Liability Requested	Each Person	Each Occurrence
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers		
<input type="checkbox"/> Property Damage Liability		
<input type="checkbox"/> Passenger Bodily Injury Liability		
<input type="checkbox"/> Single Limit _____ cluding Passengers <input type="checkbox"/> With Passenger Liability Limited to:		
<input type="checkbox"/> Medical Payments <input type="checkbox"/> Crew is: <input type="checkbox"/> included <input type="checkbox"/> excluded		
Other Liability (Specify) _____		

## PART III. CHEMICAL LIABILITY COVERAGE "AERIAL APPLICATION ONLY"

Limits of Liability Requested	Each Person	Each Occurrence	Aggregate Limit
Bodily Injury Liability Excluding Passengers			
Property Damage Liability	Not Applicable		
Single Limit Property Damage & Bodily Injury, Excluding Passengers	Not Applicable		

Check Appropriate Chemical Category ☐ XC-seeds and fertilizers only ☐ RC - Restricted Chemical

☐ CC-Comprehensive Chemical, including ☐ Farmer/Owner/Grower ☐ Adjacent Fields

☐ Picloram ☐ Crops Treated

P.D. Claims Reimbursement: \_\_\_\_\_ each occurrence arising from chemicals \_\_\_\_\_ arising from other than chemicals

## PART IV. PHYSICAL DAMAGE COVERAGE

	Amount of Insurance (must be equal to current market value)	Deductibles
<input type="checkbox"/> All Risk: Ground and Flight		In Motion Ingestion Moored
<input type="checkbox"/> All Risk: Not in Flight		<input type="checkbox"/> \$1000. <input type="checkbox"/> \$500. <input type="checkbox"/> \$250. <input type="checkbox"/> _____
<input type="checkbox"/> All Risk: Not in Motion		Any Other Not in Motion _____

## PART V. AIRCRAFT

If Airworthiness Certificate is other than Standard or Normal, please indicate category: \_\_\_\_\_

Describe any STC's, modifications or unrepaired damage: \_\_\_\_\_

Make & Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib (A) Rotorwing (R)	Purchased		Price Paid By Applicant (inc. Extras)	Present Estimated Value (inc. Extras)	Engine Hrs. Since New or Since Last Major Overhaul
			Crew	Pass		New or Used	Date			

## PART VI.

Aircraft usually based at \_\_\_\_\_ ☐ Hangared ☐ Tied-out  
(Name of Home Airport, give details of runway length, construction & all obstructions)

Estimate hours to be flown in the upcoming 12 months: \_\_\_\_\_

Estimate average pax load for the upcoming 12 months: \_\_\_\_\_

If your aircraft is managed by others, please identify the aircraft manager: \_\_\_\_\_

Who employs the aircraft manager? \_\_\_\_\_

Who employs your pilots? \_\_\_\_\_

Name and describe relationship to the named insured: \_\_\_\_\_

Does Applicant hangar, service, repair or crew other aircraft? ☐ Yes ☐ No Describe \_\_\_\_\_

Are any unapproved airports or unpaved runways used? ☐ Yes ☐ No Describe \_\_\_\_\_

Is any aircraft registered under other names than Applicant's name above? ☐ Yes ☐ No Describe \_\_\_\_\_

What foreign destinations do you plan to travel to in the next 12 months? \_\_\_\_\_

List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. ☐ List attached

Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? \_\_\_\_\_

Applicant is: ☐ Sole Owner of the aircraft ☐ Owner subject to mortgage or conditional sales contract

☐ Other - explain \_\_\_\_\_

If aircraft is mortgaged, name and address of mortgagee \_\_\_\_\_

Amount of mortgage (excluding interest and finance charges) \_\_\_\_\_

Will Breach of Warranty Coverage be required by mortgagee? ☐ Yes ☐ No

Are any other Aircraft owned by, rented or used by or on behalf of Applicant? ☐ Yes ☐ No

Model Aircraft \_\_\_\_\_ Uses \_\_\_\_\_ No. of hours per year \_\_\_\_\_

## **PART VII. PILOTS' NAMES**

All pilots who will regularly operate the insured aircraft must complete a "PILOT QUALIFICATIONS" form:

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## **PART VIII. PURPOSE OF USE**

Check All Applicable Uses

☐ Pleasure or ☐ Business (not flown by professional pilots employed for this purpose)

☐ Instruction

☐ Rental (Commercial)

☐ Corporate - Executive (flown only by professional pilots employed for this purpose)

☐ Flying Club

☐ Photography

☐ Passenger Carrying for Hire (Charter/Air Taxi)

☐ Air Ambulance (Charter/Air Taxi)

☐ Freight Carrying (Charter/Air Taxi)

☐ Pipeline/Powerline Patrol

☐ Banner Towing

☐ Aerial Application (see below)

List all other uses not indicated above (explain) \_\_\_\_\_

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## **PART IX. AERIAL APPLICATION ONLY**

Please fill out this section if you have checked "Aerial Application" under the **Purpose Of Use** Section above

List all states where you conduct aerial application \_\_\_\_\_

Describe applicants violation of any law or regulation governing aerial application operations \_\_\_\_\_

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Describe any owned/operated ground spraying equipment and type of use \_\_\_\_\_

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Show the percentage each represents to the total:

Application of Glyphosate \_\_\_\_\_% Piclorams \_\_\_\_\_% Hormone Herbicides \_\_\_\_\_% Insecticides \_\_\_\_\_% Other \_\_\_\_\_%

Application to Orchards/Groves \_\_\_\_\_% Vineyards \_\_\_\_\_% Forest/Tree Farms \_\_\_\_\_% Exotic Fruits/Vegetables \_\_\_\_\_% Other \_\_\_\_\_%

## **PART X. CURRENT INSURANCE**

Name of last Aircraft insurance carrier (if none so state) \_\_\_\_\_ Exp. date \_\_\_\_\_

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years \_\_\_\_\_

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? ☐ Yes ☐ No

If so, explain. (Note: Missouri applicants Do Not Respond) \_\_\_\_\_

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## **FRAUD STATEMENTS / SIGNATURE**

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**The following is part of the Application:**

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

### **Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

## FRAUD STATEMENTS / SIGNATURE

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### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE			DATE	
PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)	PRODUCER'S PHONE NUMBER		
PRODUCER'S ADDRESS	CITY	STATE	ZIP	
PRODUCER'S E-MAIL ADDRESS	PRODUCER'S SIGNATURE			