

# AVIATION INSURANCE MANAGERS, INC.

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www.aimofohio.com

## AIRCRAFT INSURANCE APPLICATION

### I. INSURER

UNDERWRITER \_\_\_\_\_

Effective from 12:01 (A.M.)

to 12:01 A.M.

### II. APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_

FAX \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

You Are:  Registered Owner;  Lessee;  Other, Explain: \_\_\_\_\_

Your Business Is: \_\_\_\_\_

Present Insurance Company: \_\_\_\_\_

Policy Expires \_\_\_\_\_

### III. AIRCRAFT INFORMATION

YEAR \_\_\_\_\_ MAKE & MODEL \_\_\_\_\_

FAA "N" NUMBER \_\_\_\_\_

CAPACITY: PASS. \_\_\_\_\_ CREW \_\_\_\_\_ STANDARD AIRWORTHINESS CATEGORY  YES;  NO; DATE OF LAST ANNUAL \_\_\_\_\_

IS AIRCRAFT OPERATIONAL AND AIRWORTHINESS CERTIFICATE IN FULL FORCE & EFFECT?  YES;  NO. IF "NO", EXPLAIN \_\_\_\_\_

IS THE AIRCRAFT OPERATED OR EQUIPPED WITH SKIS OR FLOATS  YES  NO. IF YES, PLEASE DESCRIBE: \_\_\_\_\_

IS AIRCRAFT USUALLY HANGARED  YES  NO

AIRCRAFT IS USUALLY BASED AT \_\_\_\_\_

### EXPLAIN "YES" ANSWERS ON PAGE TWO OF THIS APPLICATION

A. Will there be any charge made for the use of the Aircraft?  NO  YES

(If YES, give exact uses and estimated hours of annual use on Pg. 2)

B. Will the Aircraft be used outside the Continental United States?  NO  YES

(If YES, state exactly where outside the U.S. and indicate approximate trips per year on Pg. 2).

C. Has Applicant ever had any Aircraft related losses, accidents or incidents?  NO  YES

(If YES, explain on Pg. 2).

D. Has Applicant or any Pilot operating the above aircraft ever been convicted of a felony? (If YES, explain on Pg. 2).  NO  YES

### IV. PILOT INFORMATION:

ANY PILOT OPERATING THE AIRCRAFT IN FLIGHT MUST BE SPECIFICALLY APPROVED BY THE UNDERWRITER AND SUBMIT A PILOT HISTORY FORM, OR MEET THE APPLICABLE 'MINIMUM PILOT REQUIREMENTS' SHOWN IN THE POLICY (IF SO ENDORSED).

### V. OWNERSHIP

APPLICANT IS:  SOLE OWNER  CO-OWNER IS THE AIRCRAFT SUBJECT TO A LEASE AGREEMENT?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

IS THERE A LOAN ON THE AIRCRAFT?  YES  NO. IF YES, GIVE FULL NAME, ADDRESS & PHONE NUMBER OF MORTGAGEE: \_\_\_\_\_

AMOUNT OF LIEN OR LOAN, EXCLUDING INTEREST AND/OR FINANCE CHARGES: \$ \_\_\_\_\_

DOES YOUR LIENHOLDER REQUIRE LIENHOLDER'S INTEREST INSURANCE (BREACH OF WARRANTY)?  NO  YES (NOTE: BREACH OF WARRANTY AMOUNT CANNOT EXCEED 90% OF THE AMOUNT INSURED.)

### VI. COVERAGE

	LIMITS OF LIABILITY	
Single Limit Bodily Injury and Property Damage Liability _____cluding Passengers	\$	each occurrence
Single Limit Bodily Injury and Property Damage Liability including limited Passenger Bodily Injury Liability	\$	each occurrence limited to \$ _____ each passenger
*Student/Renter Pilot Liability (Permissive User) _____cluding Passengers *(PART OF & NOT IN ADDITION TO THE OVERALL LIMITS PROVIDED.)	\$	each occurrence
Medical Payments, <u>IN</u> cluding Crew	\$	each passenger
Passenger Voluntary Settlement _____cluding Crew	\$	each passenger

FLIGHTS CONDUCTED UNDER SPECIAL PERMIT OR WAIVER FROM THE FAA ARE **NOT COVERED.**

### VII. OTHER COVERAGES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### VIII. AIRCRAFT PHYSICAL DAMAGE (INCLUDING THEFT)

NOT IN MOTION	AMOUNT INSURED \$ _____ DEDUCTIBLE \$ <u>SEE POLICY</u>
IN MOTION	AMOUNT INSURED \$ _____ DEDUCTIBLE \$ <u>SEE POLICY</u>

### IX. USE THIS SPACE FOR ANSWERING QUESTIONS

QUESTION # |  
 III.A. | USE: PLEASURE & BUSINESS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FRAUD WARNING

**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, 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 KENTUCKY APPLICANTS:** “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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

**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 MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**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 FLORIDA APPLICANTS:** “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 IN THE THIRD DEGREE.”

**NOTICE TO COLORADO APPLICANTS:** “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 REGULATORY AUTHORITIES.”

**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 BENEFITS.”

**NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.”

**NOTICE TO ARKANSAS 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 VIRGINIA 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.”

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. I/WE UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL (“UNDERWRITERS” STATED IN SECTION I “INSURER” ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE “UNDERWRITERS”, THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/WE AUTHORIZE THE “UNDERWRITERS” TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE