

AVIATION INSURANCE MANAGERS, INC.

11650 Cleveland Avenue, N.W., Uniontown, Ohio 44685

(330) 494-1500 Fax (330) 494-8600

AGRICULTURAL SPRAYING INSURANCE APPLICATION

I. INSURER

UNDERWRITER _____

effective from _____ (A.M. - P.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: _____; Number Years experience in Ag. Operations: _____

III. OPERATIONS

List ALL states in which Agricultural Operations will be performed: _____

If operations are in Louisiana; List each County/Parrish in which Agricultural Operations will be performed: _____

Will the aircraft be used for herbicide work? _____

List ALL crops to be treated: _____

List COMMON name of ALL chemicals to be used: (DO NOT SIMPLY STATE "HERBICIDES", ETC.) _____

Present Insurance Company: _____ Policy Expires _____

EXPLAIN "YES" ANSWERS ON PAGE THREE 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. 3)
- 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. 3).
- C. Does Applicant own any other Aircraft? (If yes, explain on Pg. 3) NO YES
- D. Has Applicant had any Hull, Liability or Chemical claim during the past 10 years? NO YES
(If YES, explain on Page 3).
- E. Has the Applicant ever been cited for any alleged violation of any Federal, State or County Law or Regulation? (If yes, explain on Pg. 3) NO YES

IV. AIRCRAFT INFORMATION

YEAR _____ MAKE & MODEL _____ FAA "N" NUMBER _____

CAPACITY: PASS. _____ CREW _____ RESTRICTED AIRWORTHINESS CATEGORY YES; NO; DATE OF LAST ANNUAL _____

IS AIRCRAFT USUALLY HANGARED YES NO; AIRPORT IDENTIFIER OR CITY _____

RUNWAY SURFACE TYPE: _____; RUNWAY LENGTH: _____; RUNWAY WIDTH: _____

V. PILOT INFORMATION: ANY PILOT OPERATING THE AIRCRAFT MUST BE SPECIFICALLY APPROVED BY THE UNDERWRITER & SUBMIT A PILOT HISTORY FORM, OR MEET THE "QUALIFIED OPEN PILOT CLAUSE" (IF AVAILABLE).

VI. OWNERSHIP

APPLICANT IS: SOLE OWNER; CO-OWNER; IS AIRCRAFT SUBJECT TO A LEASE AGREEMENT? YES NO.
IF YES, EXPLAIN: _____

IS THERE A LOAN ON THE AIRCRAFT? YES NO. IF YES, PLEASE GIVE FULL NAME, ADDRESS AND 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 AGREED VALUE.)

VII. AIRCRAFT LIABILITY COVERAGE (EXcluding Chemical Liability)

	LIMITS OF LIABILITY	
Bodily Injury Liability EXcluding Passengers	\$	each Person
	\$	each Occurrence
Passenger Bodily Injury Liability	\$	each person
Property Damage Liability	\$	each occurrence
Single Limit Bodily Injury and Property Damage Liability EXcluding Passenger Bodily Injury	\$	each occurrence

**FERRY FLIGHTS ARE NOT COVERED UNLESS SPECIFIC APPROVAL IS OBTAINED FROM THE UNDERWRITER.

VIII. CHEMICAL LIABILITY COVERAGE

	LIMITS OF LIABILITY	
Bodily Injury Liability EXcluding Passengers	\$	each Person
	\$	each Occurrence
	\$	Aggregate
Property Damage Liability	\$	each occurrence
	\$	Aggregate
Single Limit Bodily Injury and Property Damage Liability EXcluding Passengers	\$	each occurrence
	\$	Aggregate
Crops Being Treated Liability	\$	each Occurrence
	\$	Aggregate
Farmers-Growers-Owners Liability	\$	each Occurrence
	\$	Aggregate
Adjacent Fields Liability	\$	each Occurrence
	\$	Aggregate

IX. AIRCRAFT PHYSICAL DAMAGE (Including Theft)

NOT-IN-MOTION	Amount Insured: \$ _____	Deductible \$SEE POLICY
IN-MOTION	Amount Insured: \$ _____	Deductible \$SEE POLICY

X. OTHER COVERAGES

XI. USE THIS SPACE FOR ANSWERING QUESTIONS

QUESTION #	
III.A.	APPROVED USES: PLEASURE & BUSINESS, PLUS YOUR OPERATION FOR AGRICULTURAL SPRAYING

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**