

Aviation Insurance Policy Application

March 14, 2007

Named Insured: _____ For Policy _____ expiring on _____

Phone: _____ Producer: _____
FAX: _____

Your aircraft insurance policy is approaching expiration on the above date. To allow us sufficient time to arrange continuous coverage at the best rates available, please **fully complete, sign and return this form today**. Thank you very much for the opportunity to again be of service.

The information on this form was provided by you last year. Please review for accuracy and update with current information. Remember, aircraft insurance policies allow **no grace period** and are **not renewed automatically**.

Currently Insured Aircraft – Update aircraft information

N-Number: _____ - Year: _____ Make and Model _____ Seats: _____
Use: _____
Storage: Tied/Hangared (circle one) Airport: _____

Advise any change in aircraft location: _____

Date of last annual: _____ Airframe hours: _____ Engine Hours: _____ Hours SMOH: _____
Has the aircraft been modified? No Yes If "Yes" please explain _____

Lienholder and address if any: _____

Are there any lease agreements or rental of this aircraft? No Yes If yes, explain in detail: _____

Please advise hours aircraft flown in following categories - NOTE: mark N/A if non-applicable

# of hours aircraft flew Pleasure in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Business in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Sales Demo in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Instruction in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Rental in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Commercial Sightseeing in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Photography in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Mapping in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew Charter in past 12 mos.:	_____	Anticipated hours for coming year: _____
# of hours aircraft flew other (explain) in past 12 mos.:	_____	Anticipated hours for coming year: _____

Average load factor (# of passengers): _____ % of guest vs. employees: _____

Any change in usage or exposure of aircraft? _____

Any flights outside the United States during the past 12 months? No Yes If yes, destination: _____

Any flights anticipated outside United States for coming year? No Yes If yes, destination: _____

Describe security measures while aircraft outside the United States: _____

Do you operate non-owned aircraft? No Yes # of hours flown last 12 months: _____ Type of aircraft utilized: _____

Approved Pilots

COMPLETE ATTACHED PILOT FORMS.

If you attended any refresher training program or the FAA Wings Programs, please advise where and when. Forward copy of training certificate with this form.

Aviation Insurance Policy(continued)

Other Information – During the preceding year:

Have any insured aircraft been involved in an accident or suffered any physical damage?

No Yes

(explain) _____

Have any pilots named above been involved in any accidents or operational incidents or cited for FAR violations?

No Yes

(explain) _____

Have any of the pilots named above been convicted of a felony or driving recklessly or while impaired?

No Yes

(explain) _____

Is a quote for a higher liability coverage desired?

No Yes (list desired

amount) _____

Coverage

Aircraft value: \$ _____

Liability Limit: \$ _____

Medical Pay: \$ _____

Other coverages desired: _____

Advise list of all Additional Insured(s) and their addresses which must appear on renewal policy – if they are not an airport municipality, please advise reason they are to be on the policy:

REMARKS:

Are you an AOPA member? No Yes If 'Yes', please provide membership number: _____

COMPLETE NEXT PAGE – USE NOTE SHEET TO EXPLAIN ANY 'YES' ANSWERS

AIRCRAFT INSURANCE APPLICATION SECTION

- IF ADDITIONAL SPACE IS NEEDED TO FULLY ANSWER ANY QUESTION, ATTACH ANOTHER SHEET OF PAPER AND REFER TO THE ITEM BEING ANSWERED.
- IF YOU ANSWER "YES" TO ANY QUESTIONS IN SECTION 2, PLEASE EXPLAIN ON SEPARATE SHEET OF PAPER.
- IF APPLYING FOR INSURANCE ON MORE THAN ONE AIRCRAFT, ANSWERS APPLY TO ALL AIRCRAFT UNLESS AN EXCEPTION IS NOTED.

SECTION 1. APPLICANT SECTION

Applicant is Individual Corporation Co-Ownership/Partnership (Name all partners)

Name of Last or Present Aviation Insurance Company: _____

Expiration Date: _____

SECTION 2. AIRCRAFT / AIRCRAFT OPERATIONS SECTION

PLEASE EXPLAIN ALL "YES" ANSWERS - THANK YOU

- | | | | |
|----|--|------------------------------|----------------------------|
| A) | DOES THE AIRCRAFT HAVE AN OTHER THAN "STANDARD" AIRWORTHINESS CERTIFICATE IN FULL FORCE AND EFFECT? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| B) | ARE THERE ANY OTHER AIRCRAFT OWNED BY THE APPLICANT? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| C) | HAS AIRCRAFT BEEN EQUIPPED WITH ANY MODIFICATIONS NOT PROVIDED BY THE ORIGINAL AIRCRAFT MANUFACTURER? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| D) | DO YOU ANTICIPATE AIRCRAFT TO BE OPERATED OUTSIDE THE CONTINENTAL UNITED STATES? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| E) | WILL AIRCRAFT BE NORMALLY OPERATED FROM OTHER THAN PAVED PUBLIC AIRPORTS? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| F) | WILL AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION OTHER THAN FOR RECURRENT TRAINING OF PILOTS LISTED IN THE PILOTS SECTION? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| G) | WILL OTHER THAN THE APPLICANT AND PILOTS LISTED IN THE PILOTS SECTION HAVE USE OF THE AIRCRAFT? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| H) | WILL AIRCRAFT BE USED FOR ANY PURPOSE(S) FOR WHICH A CHARGE IS MADE? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| I) | IS THERE ANY UNREPAIRED DAMAGE TO THE AIRCRAFT? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| J) | HAS APPLICANT HAD ANY AIRCRAFT / AVIATION INSURANCE CLAIMS / LOSSES / ACCIDENTS / INCIDENTS? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| K) | HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW ANY AVIATION INSURANCE FOR APPLICANT? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| L) | DO ANY PILOTS NAMED ABOVE HAVE ANY PHYSICAL IMPAIRMENTS, WAIVERS OR STATEMENT OF DEMONSTRATED ABILITY (OTHER THAN FOR CORRECTIVE LENSES), LIMITATIONS OR CONDITIONS ATTACHED TO THEIR MEDICAL CERTIFICATE? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| M) | HAS ANY PILOT NAMED IN THE PILOTS SECTION HAD ANY CONVICTIONS, SUSPENSIONS OR REVOCATIONS FOR: FAR VIOLATIONS, USE OF DRUGS, RECKLESS OR DRUNK DRIVING? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| N) | HAS ANY PILOT NAMED IN THE PILOTS SECTION EVER BEEN INVOLVED IN ANY AIRCRAFT ACCIDENT OR INCIDENT? | <input type="checkbox"/> Yes | <input type="checkbox"/> N |

PLEASE READ AND INITIAL

MINIMUM PILOT REQUIREMENTS:

I/WE UNDERSTAND AND ACKNOWLEDGE THAT THERE IS NO COVERAGE APPLICABLE UNLESS THE AIRCRAFT IS BEING OPERATED BY THE PILOT(S) DESIGNATED ON THIS DOCUMENT WHO HAS/HAVE AT LEAST THE CERTIFICATE, RATING, AND PILOT EXPERIENCE INDICATED AND WHO IS/ARE PROPERLY RATED AND QUALIFIED FOR THE FLIGHT INVOLVED.

INITIAL:

USE REQUIREMENTS:

I/WE UNDERSTAND AND ACKNOWLEDGE THAT THERE IS NO COVERAGE APPLICABLE IF THE AIRCRAFT IS USED FOR ANY PURPOSE OTHER THAN THE USE DESIGNATED ON THIS DOCUMENT UNDER INSURED USE.

INITIAL:

AIRWORTHINESS REQUIREMENTS:

I/WE UNDERSTAND AND ACKNOWLEDGE THAT THERE IS NO COVERAGE APPLICABLE UNLESS AN AIRWORTHINESS CERTIFICATE IS IN FULL FORCE AND EFFECT.

INITIAL:

Insurance evidenced by this Application and Confirmation of Coverage is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this application and confirmation of coverage unless the terms, conditions and stipulations herein have been accepted by the insurance company.

The Insured may cancel this Application and Confirmation of Coverage by written notice of surrender to the insurance company stating when cancellation will be effective. The insurance company may cancel this application and binder (if issued), by giving notice to the Insured in accordance with the policy conditions. The insurance company is entitled to charge a premium for this application and binder (if issued) as specified by the policy currently in use by the insurance company.

It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by **DAVIDSON & DERION INSURANCE**, or if the Insured's bank fails to honor the Insured's premium payment check, **DAVIDSON & DERION INSURANCE**, shall have the right to attach, for the amount owed, any and all property subsequently added to this Application and Confirmation of Coverage or any and all property subsequently added to this application, binder (if issued), or subsequent policy.

I/We certify that to the best of my/our knowledge all statements or representations contained on both sides of this Application and Confirmation of Coverage are true and correct and that I/we have read, understand and agree with all particulars contained herein. I/We agree that the terms and

Please put any remarks or additional information on the back of this form.

IMPORTANT: Please complete ALL items and return promptly

conditions of this Application and Confirmation of Coverage and the policy currently in use by the insurers shall be the basis of any contract between the insurance company and me/us.

I/We further agree that the insurance company or their representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualifications or statement contained in this Application and Confirmation of Coverage. I/We further certify that unless otherwise stated in this Application and Confirmation of Coverage, no property described herein has any unrepaired damage as of the effective date of this Application and Confirmation of Coverage and that I/we authorize **DAVIDSON & DERION INSURANCE** to represent me/us in placing this insurance.

FRAUD WARNING: 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 and subjects such person to criminal and civil penalties.

DATE: _____ **APPLICANT'S SIGNATURE:** _____

Producer: Davidson & Derion Insurance
442 Castle Shannon Boulevard (412) 571-1700 voice
Pittsburgh, PA 15234-1406 (412) 571-0156 fax

NOTES

(Use this space for explanation of any "Yes" answers from Section 2.)

Please put any remarks or additional information on the back of this form.
IMPORTANT: Please complete ALL items and return promptly