



**NASHVILLE HEADQUARTERS**  
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# AIRCRAFT INSURANCE APPLICATION

Please complete each item, all sections. Use "NOTES" on reverse, or separate sheet to explain, expand or clarify.

Please issue coverage through ("insurer")

Effective from: \_\_\_\_\_ to 12:01 am (date): \_\_\_\_\_ (standard time at the address of applicant.)

**I. Name of Applicant:** \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Business/Occupation of Applicant: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant is: Individual Corporation Partnership (name all partners below) Other (explain below)

## II. Aircraft

Year Make Model	FAA Number	Seating Capacity		Insured Value			
1)	N-	Passenger:	Crew:	\$			
2)	N-	Passenger:	Crew:	\$			
Make and horsepower of engine(s)	Engine hours since new or last major	Date Purchased	Category				
1)			Land	Sea	Amphib		
2)			Land	Sea	Amphib		
Is a "Standard" Airworthiness Certificate currently in full force and effect?	Aircraft 1)	Yes	No	Aircraft 2)	Yes	No	
Is there any unrepaired damage to the aircraft?	Yes	No	If Yes, please explain:				
Aircraft usually based and	Hangared	Tied-down at:	Airport is:	Public	Private	Longest Runway ft:	
Airport:	ID:		FAA Tower:	Yes	No	Paved Runway	
City:	State:		Runway Lights:	Yes	No	Yes	No

## III. LIABILITY COVERAGE AND LIMITS

Combined Single Limit Bodily Injury and Property Damage, \$	ea. occurrence	\$
Passengers Excluded Included	NOT Limited ("Level") Limited to \$	ea. passenger
Other (specify)		\$
Medical Payments: \$	ea. person \$	ea. occurrence \$

## IV. PHYSICAL DAMAGE ("HULL") COVERAGE

	Amount of Insurance*		Deductibles		
	Aircraft 1	Aircraft 2	Not In Motion	In Motion	
Ground or Flight	\$	\$	\$	\$	\$
OR, Ground <b>ONLY</b> (Not In Motion)	\$	\$	\$	\$	\$
Endorsement Premiums:				Total Policy Premium	\$
*Explain Amount of Insurance if other than Estimated Value Today (below)					

**V. OWNERSHIP** - Applicant is (Check One)

1. Sole Owner with no liens.
2. Sole Owner subject to lien with (complete the following):  
Name and Address of Lienholder:
3. Lessee (attach copy of lease agreement)
4. Other - Explain in bottom section of application

- Unpaid Amount of Loan, excluding interest and other finance charges: \$
- Lienholders interest insurance ("Breach of Warranty") is:  
Needed      Not Needed

**VI. UTILIZATION** - Number of hours aircraft flown Past 12 months:

Estimated Next 12 months:

**VII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE**

Please explain each "Yes" answer.

1. Has applicant had any aircraft/aviation losses/claims?      No      Yes:
2. Has any insurer sent notice of cancellation or refused to renew any aviation insurance for applicant?      No      Yes:
3. Name of      Last or      Present aviation insurance Company?      (None):      Exp. Date:

**VIII. USE OF AIRCRAFT**

Please explain each "Yes" answer.

1. Will other than applicant have use of the aircraft?      No      Yes:
2. Will the aircraft be operated outside of the continental U.S.A.?      No      Yes:      Where?      Frequency?
3. Will aircraft be used for instruction (other than recurrent training for approved pilots)?      No      Yes:  
Name of, trainee(s):      Instructor:      Flight School:
4. Will aircraft be operated from other than FAA designated airport (except in a declared emergency)?      No      Yes:  
Where?      Frequency?
5. Will aircraft be used for any purpose(s) for which a charge is made to others?      No      Yes:

*If the CS&A Pilot History form has been submitted to us, you may skip section "IX" <b>IX. PILOTS Information required on each pilot who will operate the aircraft</b>			Logged Pilot in Command Hours							
			Total	Single Engine		Multi-Engine		Last 12 Mo.		Total Make and Model
				Fixed Gear	Retract. Gear	Piston	Turbine	All Aircraft	Make and Model	
Pilots Name	Birth MM/YY	Certificates and Ratings								
1.										
2.										
3.										
4.										

Complete for Each Pilot	PILOT 1	PILOT 2	PILOT 3	PILOT 4
Date of Last Proficiency Flight:				
School that Conducted Proficiency Flight:				
Class & Date of Last Medical:				
PIC Hours Logged Last 90 Days:				

Please explain for each and every Pilot listed above and explain "yes" answer, showing which Pilot:

- 1.) Does the pilot have any medical waivers or limitations?      No      Yes:
- 2.) Have you ever been involved in an aircraft claim, incident, or accident?      No      Yes:
- 3.) Has any insurance company cancelled, declined, or refused to renew any aviation insurance for you?      No      Yes:

**IX. PILOTS (continued)**

4.) Do you have any convictions, suspensions, or revocations relating to a drivers license/airman certificate for: FAR violations, use or possession of a controlled substances or driving while intoxicated?      No      Yes:

5.) Have you ever been convicted of a felony or indicted in a legal action involving drugs or narcotics?      No      Yes:

6.) Are you regularly using any medication not reported and approved by the FAA?      No      Yes:

NOTES: Please use this section for any added comments or explanations of the questions above. Please not section and question number.

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Agent Notes:

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(Singular pronoun to be considered as plural where appropriate):

I authorize CS&A Insurance, a division of Chappell, Smith & Associates, Inc. (CS&A) to represent me in the placing of this insurance. I represent that all information provided in this application is true and complete to the best of my knowledge and that no relevant information has been withheld. I understand that no insurance is in effect until the "Insurer" issues a binder or policy of insurance and that the terms and condition of such binder or policy shall be the sole basis of any contract between me and the "Insurer". I understand that if insurance is ordered from and accepted by the "Insurer", the full amount of the premium becomes immediately due and payable. I authorize the "Insurer" to investigate all and any qualifications or statements contained herein.

Signature(s) of Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Title if Corporation: \_\_\_\_\_

**\*You may fill out this document and print it out to be signed faxed or emailed back to us.**