



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 801-304-5551

# AIRCRAFT OWNERS

## General Information

Proposed Effective Date: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Mailing Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. E-Mail: \_\_\_\_\_ County: \_\_\_\_\_
5. Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
6. Physical Location of Aircraft: \_\_\_\_\_
7. Population within 50 miles: \_\_\_\_\_
8. Other Locations Used (attach additional sheet if required):  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. States, territory or area aircraft will be operated in: \_\_\_\_\_
10. Contact Person: \_\_\_\_\_
11. Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_
12. Producer's E-mail: \_\_\_\_\_
13. Is this a new purchase?  Yes  No If no, how many years have you been the aircraft owner? \_\_\_\_\_
14. Applicant is:  Individual  Corporation  Partnership  Joint Venture  
 Other (please describe): \_\_\_\_\_
15. Applicant is:  Aircraft Owner  Aircraft Lessee  Borrows or Uses Aircraft Owned by Others
16. List other owned aircraft, and indicate how these are insured: \_\_\_\_\_
17. Annual Number of flights: \_\_\_\_\_
18. Total Number of Pilots: \_\_\_\_\_ Name of Pilot in Command: \_\_\_\_\_

## Insurance History

19. Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_
20. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

37. Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No
38. Completed Claims and Loss History form attached (REQUIRED)?  Yes  No
39. Has the Applicant, or any Pilot to be insured, had any issue with the FAA?  Yes  No

If yes, please explain: \_\_\_\_\_

## Desired Insurance

**Hull Coverage:** Hull Value \$ \_\_\_\_\_ How determined? \_\_\_\_\_

Amount of encumbrance: \_\_\_\_\_

Full Coverage  Loan Amount

Will any Lienholder require breach of warranty coverage?

Yes  No

**Limit of Liability:**

- \$5,000 per person / \$5,000 property damage / \$10,000 per accident / \$25,000 aggregate
- \$10,000 per person / \$10,000 property damage / \$20,000 per accident / \$50,000 aggregate
- \$20,000 per person / \$20,000 property damage / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$50,000 property damage / \$75,000 per accident / \$150,000 aggregate
- \$100,000 per person / \$100,000 property damage / \$200,000 per accident / \$300,000 aggregate
- Other: \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$1,000 (Min.)  \$1,500  \$2,500  \$5,000  \$10,000  Other: \$\_\_\_\_\_

**Aircraft Information -** Complete the following section for each aircraft to be insured. Photocopy section if necessary.

40. Aircraft Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

41. FAA Number: \_\_\_\_\_

42. Seats (including Pilot): \_\_\_\_\_ Hours flown (last year): \_\_\_\_\_

43. Is aircraft a:  Seaplane  Helicopter  Airplane If aircraft is a seaplane, tell us:

a. Make and Model of Floats: \_\_\_\_\_

b. Make and Model of Skis: \_\_\_\_\_

c. If used seasonally, list season start and end dates: \_\_\_\_\_ to \_\_\_\_\_

44. Aircraft usage: \_\_\_\_\_

When not flown, aircraft is:  Always hangared  Always tied down  Other (explain): \_\_\_\_\_

45. List all planned flights during the next year. List the most frequently flown route first.

Route Departure and Destination Locations		% of annual flights on this route
Departure	Destination	

46. Airport location: \_\_\_\_\_

47. Pilots who will be using this aircraft: \_\_\_\_\_

Note: All pilots to be insured must be complete a copy of the attached Pilot Supplement.

48. Lienholder: \_\_\_\_\_  None

a. Lienholder Address \_\_\_\_\_

b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Loan Number: \_\_\_\_\_ Remaining Balance: \_\_\_\_\_

49. Who completes required maintenance and repair work?

a. Name: \_\_\_\_\_

b. E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

c. Fax: ( ) \_\_\_\_\_

d. Date of last service: \_\_\_\_\_ Service Description: \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



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## PILOT SUPPLEMENTAL APPLICATION

Complete the following information for each pilot to be insured. Pilots who are not scheduled will not be covered.

**General Information**

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Mailing Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. E-Mail: \_\_\_\_\_ County: \_\_\_\_\_
5. Business Telephone Number: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_
6. Contact Person: \_\_\_\_\_
7. Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_
8. Producer's E-mail: \_\_\_\_\_

**Pilots**

9. Name of Pilot: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
10. Pilot Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
11. Pilot's Employer: \_\_\_\_\_
12. Start date: \_\_\_\_\_
13. Make and model of all planes Pilot will be flying in the next 12 months: \_\_\_\_\_

14. Education:

- a. Traditional schooling: \_\_\_\_\_
- b. Flight School: \_\_\_\_\_

15. Has the pilot ever been involved in any aircraft accident or incident?  Yes  No

If yes, please explain: \_\_\_\_\_

16. Pilot's logged flight hours:

Name the top three aircraft you have the highest time in:	Single Engine	Multi-Engine	Complex	Seaplane	Helicopter	Turbine Aircraft
Make and Model of Craft:						
Make and Model of Craft:						
Make and Model of Craft:						
Dates Flown						
Pilot In Command (hrs.)						
Second in Command (hrs.)						
Dual (hrs.)						
Cross Country (hrs.)						
Night (hrs.)						
Instrument (hrs.)						
Total Last 12 Mo. (hrs.)						
Total Last 90 Days (hrs.)						
<b>TOTAL HOURS</b>						

17. Certifications and ratings currently held: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Do you fly in Class B airspace?  Yes  No  
 If yes, how often? \_\_\_\_\_ or what percentage of the time \_\_\_\_\_ %
19. What percentage of flight time is in controlled airspace? \_\_\_\_\_ %
20. FAA certificate number: \_\_\_\_\_ Renewal Date on medical \_\_\_ / \_\_\_ / \_\_\_ Class 1  2  3
21. Date first certified as a pilot: \_\_\_\_\_
22. Date of last flight review: \_\_\_\_\_
23. Are there any waivers or limitations on your Medical Certificate?  Yes  No
24. Have you ever been:
- a. Cited for violating civil or military flight restrictions?  Yes  No
  - b. Convicted of or pled guilty to a felony?  Yes  No
  - c. Arrested for driving under the influence of drugs or alcohol?  Yes  No

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Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name