



NASHVILLE HEADQUARTERS
 1006 Merylinger Court
 Franklin, TN 37067
 615.435.8300
 615.435.8330 (fax)
 Toll Free: **800.999.1109**
 www.AviationInsurance.com

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 ONLY (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" IX. PILOTS Information required on each pilot who will operate the aircraft			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.

Agent Notes:

(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.**



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PILOT HISTORY FORM

Named Insured:
 Pilot Name:
 Address:
 City: Zip:
 Phone: E-mail:
 Birth Month: Birth Year:
 Occupation:
 Employed by Named Insured: Yes No

FAA Pilot Certificates	Ratings Held
Student Sport Private Commercial ATP CFI	Instrument Multi-Engine CFII Sea Plane Rotorcraft
Type Ratings:	

FAA Medical Certificate	
Issue Date:	Class:
Waivers or Limitations:	

Please Answer All Questions:

- | | | |
|-----|----|---|
| Yes | No | Have you ever been involved in an aircraft claim, incident, or accident? |
| Yes | No | Has any insurance company cancelled, declined, or refused to renew any aviation insurance for you? |
| Yes | No | 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? |
| Yes | No | Have you ever been convicted of a felony or indicted in a legal action involving drugs or narcotics? |
| Yes | No | Are you regularly using any medication not reported and approved by the FAA? |

Explain, in detail, each "Yes" answer:

Logged Pilot Hours	
Total Time Logged:	
Total Logged Pilot in Command:	
Total Time Last 90 days:	
Total Time Last 12 Months:	
Total Instrument:	
Retractable Gear:	
Tail Wheel:	
Sea Plane:	Water Landings:
Multi-Engine Less than 12,500 lbs:	
Multi-Engine More than 12,500 lbs:	
Turbo PROP SEL:	/ MEL PIC: SIC:
Turbo JET SEL:	/ MEL PIC: SIC:
Rotorwing Piston: / Turbine:	
Name of Make & Model Insured:	
Total Time Make & Model:	
Last 12 Months in Make & Model:	

Satisfactory Completion of Initial or Recurrent / Transition Flight Proficiency Training

Name & Location of School:	Type of Aircraft:	Date:
1. Initial Type Training Recurrency Training Flight Simulator Training Ground Schools Only		
2. Initial Type Training Recurrency Training Flight Simulator Training Ground Schools Only		
Date of Last Instrument Proficiency Check:	Type of Aircraft:	
Date of Last Flight Review:	Type of Aircraft:	
FAA "Wings" Safety Program:	Date:	Phase Completed:

As a normal part of the Company's underwriting procedure a routine inquiry may be made which could include information concerning your general reputation, personal characteristics, and mode of living. In the United States Public Law 91-308 (Federal Fair Credit Reporting Act) requires that, if such a report is made, upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

You have my consent to contact pilot training facilities which I have attended for information relating to my training, and I hereby expressly authorize any such pilot training facilities to release information about me. I certify that all of the information in this form is true and correct to the best of my knowledge, and I have not knowingly or intentionally concealed or misrepresented any fact. This form will become part of the insurance application, and as such, all fraud statements are applicable.

Pilot's Signature:

Today's Date: