



- To complete application, refer to aircraft and engine logbooks and pilot logbooks and other official records.
- If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.
- Please use Section 3 to explain any "Yes" answers to the questions below.
- If applying for insurance on multiple aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

**SECTION 1. APPLICANT SECTION**

Applicant is  Individual  Corporation  Co-Ownership/Partnership  
 (Name all partners) \_\_\_\_\_  
 Name of  Last or  Present Aviation Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_ or  None

**SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION**

- |  |  |
|--|--|
| A. Does the aircraft have other than a standard airworthiness certificate in full effect?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Are there any other aircraft owned by the applicant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Has aircraft been equipped with any modifications not provided by manufacturer?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Do you anticipate aircraft to be operated outside the continental United States?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Will aircraft be normally operated from other than paved public airports?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section on reverse?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Will other than the applicant and pilot listed in Pilots on reverse have use of aircraft?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Will aircraft be used for any purpose(s) for which a charge is made?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Is there any unrepaired damage to aircraft?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Has applicant had any aircraft/aviation losses/claims during the last three years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Has any insurer cancelled, declined or refused any aviation insurance for applicant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Do any pilots named on reverse 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"/> No |
| M. Has any pilot named above had any convictions, suspensions, or revocations for FAR violations, use or possession of drugs, or reckless or drunk driving?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Has any pilot named above ever been involved in any accident or incident?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 3. REMARKS**

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ & INITIAL**

**MINIMUM PILOT REQUIREMENTS**  
 I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on the document who has/have at least the certificates, ratings and pilot experience indicated, and who, is/are properly qualified for the flight involved .  
 INITIAL \_\_\_\_\_

**USE REQUIREMENTS**  
 I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.  
 INITIAL \_\_\_\_\_

**AIRWORTHINESS REQUIREMENTS**  
 I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect.  
 INITIAL \_\_\_\_\_

I/We certify all statements or representations contained on both sides of this application 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 conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.  
 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 qualification or statement contained in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

I/We authorize \_\_\_\_\_ to represent me/us in placing this insurance.  
 Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Agent/Broker \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_



**AAISC**  
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 13744 Hwy 281 N  
 Round Mountain, TX 78663  
 Tel. 830-825-3164/ Fax 830-825-2115