

Air Capital Insurance, LLC

P. O. Box 458

Wichita, KS 67201

877-224-0967 or 316-858-1999

Fax: 316-858-1994



AIR CAPITAL INSURANCE, LLC

AIRCRAFT INSURANCE APPLICATION

Named Insured (s): _____

Address: _____ **Home Phone:** _____

_____ **Business Phone:** _____

Policy Period: From: 12:01 a.m. To: _____

The Applicant is a(n): Individual Corporation Partnership **Business of Insured:** _____

LEGAL LIABILITY COVERAGES	LIMITS OF LIABILITY			LIABILITY PREMIUMS
	Each Person	Each Passenger	Each Occurrence	
Medical Payments including Crew		\$		\$
Bodily Injury and Property Damage Including Passengers	\$	\$		\$

Description of Aircraft and Hull Coverage Hereunder: (Standard Airworthiness Unless Otherwise Specified)

	Reg. #	Make/Model	Year	Seats	Insured Value	Hull Coverage	Deductibles			Hull Premiums
							Ground	Taxi	Flight	
1.										
2.										
3.										
4.										
5.										

Location of Airport: _____ **Hangared:** Yes No

Hull Premium \$ _____ Other Premium: _____ **POLICY PREMIUM \$** _____

APPROVED USES - Aircraft will be used only for the following purposes:

Pleasure and Business Transportation (Excluding any Operation for which a charge is made)

Other Uses

****HULL COVERAGES IDENTIFIED**

G. Ground and Flight

H. Ground only-not in motion

APPROVED PILOTS: (See Pilot Information Attached)

1.	2.	3.	4.
5.	6.	7.	7.

Additional Interest Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Lienholder Name: _____ Loss Payable Only

Address: _____ Breach of Warranty \$ _____

City: _____ State: _____ Zip Code: _____ Days Cancellation Notice

Previous Loss/Claim History: _____

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- 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 created.
- 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 I. APPLICANT SECTION

Applicant is Individual Corporation Co-Ownership
 (Name all partners) _____
 Name of Last or Present Aviation insurance Company _____
 Expiration Date _____ or None

SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION

- A.** Yes No Does the Aircraft have a current and valid "Standard" Category Airworthiness Certificate?
- B.** Yes No Are there any other aircraft owned by the applicant?
- C.** Yes No Has aircraft been equipped with any modifications not provided by the manufacturer?
- D.** Yes No Do you anticipate aircraft to be operated outside the continental United States?
- E.** Yes No Will aircraft be operated from other than paved public airports?
- F.** Yes No Will aircraft be used for student or pilot instruction other than for recurrent training of listed pilots?
- G.** Yes No Will other than the Applicant and pilots listed have use of the aircraft?
- H.** Yes No Will aircraft be used for any purpose(s) for which a charge is made?
- I.** Yes No Is there any unrepaired damage to the aircraft?
- J.** Yes No Has Applicant had any aircraft/aviation losses or claims?
- K.** Yes No Do any pilots named have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their medical certificate.
- L.** Yes No Has any pilot named had any convictions, suspensions, or revocations for FAR violations, use or possession of drugs, or reckless or drunk driving?
- N.** Yes No Has Applicant or any pilot named ever been convicted of a felony?

SECTION 3. REMARKS

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

PLEASE READ AND 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 this 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 FAA approved airworthiness certificate is in full force and effect. **INITIAL** _____

I/We certify all statements or representations contained in 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 representative, 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. We further confirm that unless otherwise stated 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 AIR CAPITAL INSURANCE, LLC to represent me/us in placing this insurance.

Date: _____ **Applicant's Signature** _____