



NORTHEAST AVIATION & MARINE
Insurance Brokers

Aircraft Insurance Application

Name of Applicant _____

Address _____

You are Individual Corporation Partnership Other, explain _____

Your business is _____

Your present aircraft insurance company is _____ Policy Expires _____

Has Applicant had any accidents or incidents? No Yes (Explain "Yes" on reverse side)

Has any insurer canceled or refused to renew any aviation insurance for you or any of your pilots? No Yes (Explain "Yes" on reverse side)

Are you an AOPA or EAA Member? No Yes. If yes, please provide membership number _____

Aircraft Information

Year _____ Make and Model _____ FAA "N" No. _____

Capacity: Pass. _____ Crew _____ Standard Airworthiness Category No Yes

Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices, etc.) No Yes

Explain "Yes" answer _____

Aircraft is a landplane Yes No (describe) _____ is it usually hangared? No Yes

Aircraft is usually based at _____

Purchase date _____ Purchase pilot (with equipment) \$ _____ Current Value \$ _____

Engine Hours Single _____ Twin (L) _____ (R) _____ Airframe Hours _____

Explain "Yes" answers on reverse side of application.

Will any charge (other than operating expenses) be made for the use of the aircraft? No Yes

Will the aircraft be used for anything other than transporting people? No Yes

Will the aircraft be used anywhere other than at paved runway airports? No Yes

Will the aircraft be used outside the continental United States? No Yes

Do you own or exclusively lease any other aircraft? No Yes

Do you use non-owned aircraft? No Yes

Will the aircraft be used for student or pilot instruction? No Yes

Name of Instructor _____ Flight School _____

Pilot Information Data required on all pilots who will operate the aircraft.

Pilot No. 1

Name _____
 Birthdate ____ / ____ / ____ Soc. Sec. No. _____
 Occupation _____
 Year learned to fly _____ last Medical ____ / ____ / ____
 Last BFR ____ / ____ / ____ In Make/Model A/C _____
 FAA Pilot Certificates held Stu. Pvt. Comm.
 ATP CFI _____
 Certificate No. _____ Issue Date ____ / ____ / ____
 Ratings: ASEL AMEL ASES Instrument
 Rotorcraft _____
 Pilot-in-Command Hours

All Aircraft		This Make & Model		S.E.	Multi
Total	Last 12 Mo.	Total	Last 90 Days		
Total	Jet	Total	Turbo Prop	Helicopters	Seaplanes
				Piston	Multi Eng.
				Total	Total

Recurrent/Transition Courses: Describe and give dates of last courses attended _____

- Current FSI Pro Card or Simuflite Card _____
- FAA Pilot Proficiency Award Program participant? _____
 If "Yes", what phase have you completed? _____
 For what type aircraft? _____
 Date completed ____ / ____ / ____

Pilot No. 2

Name _____
 Birthdate ____ / ____ / ____ Soc. Sec. No. _____
 Occupation _____
 Year learned to fly _____ last Medical ____ / ____ / ____
 Last BFR ____ / ____ / ____ In Make/Model A/C _____
 FAA Pilot Certificates held Stu. Pvt. Comm.
 ATP CFI _____
 Certificate No. _____ Issue Date ____ / ____ / ____
 Ratings: ASEL AMEL ASES Instrument
 Rotorcraft _____
 Pilot-in-Command Hours

All Aircraft		This Make & Model		S.E.	Multi
Total	Last 12 Mo.	Total	Last 90 Days		
Total	Jet	Total	Turbo Prop	Helicopters	Seaplanes
				Piston	Multi Eng.
				Total	Total

Recurrent/Transition Courses: Describe and give dates of last courses attended _____

- Current FSI Pro Card or Simuflite Card _____
- FAA Pilot Proficiency Award Program participant? _____
 If "Yes", what phase have you completed? _____
 For what type aircraft? _____
 Date completed ____ / ____ / ____

EXPLAIN EACH "YES" ANSWER – With respect to each pilot...

	PILOT NO. 1		PILOT NO. 2	
As pilot, any incidents, accidents; any citations for FAR violations or license limitations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any physical impairments or limitations or waivers on Medical Certificate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any felony convictions or license suspensions arising out of operation of a motor vehicle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will anyone, other than you or the pilots shown above, use your aircraft?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Aircraft Ownership

I do not own the aircraft by myself Names and addresses of: Co-owner(s) Mortgagee(s) Lessor(s)

Amount of any lien or loan, excluding interest and/or finance charges \$ _____

Does your lienholder require lienholder's interest insurance (Breach of Warranty)? No Yes

Indicate the coverages desired.

Coverage	Limits of Coverage	
Combined Liability Coverage for bodily injury and property damage	\$	Each Occurrence
Medical Coverage	\$	Each Person
Aircraft Physical Damage Coverage \$	\$	\$
Not in-motion deductible	In-motion deductible	Limit

Use this space for answering questions.

All information herein is warranted to be true to the best of my knowledge and no information has been withheld and no insurer has cancelled or refused to renew this insurance. I understand that the information herein and the truthfulness thereof will be the basis of any insurance provided by the company. This application does not bind the applicant or the company to provide any insurance.

 Applicant Signature Date

 Date

Northeast Aviation & Marine – Insurance Brokers

Office Locations:

Brookhaven Airport - Long Island, NY

Schenectady, New York

Tele – (800) 544 – 5656

Fax – (518) 393 – 3621

e-mail: esaliba@northeastaviationmarine.com