



Northeast Aviation & Marine
Insurance Brokers
Aircraft Insurance Application

Name: _____

Address: _____

Business or Occupation: _____

Applicant is: Individual(s) Corporation Partnership Other

Insurance is Requested From 12:01 A.M. _____ **to 12:01 A.M.** _____

| Liability Coverage | Limits of Liability Desired | |
|---|-----------------------------|-----------------|
| | Each Person | Each Occurrence |
| <input type="checkbox"/> Single Limit Bodily Injury and Property Damage Liability: | \$ | \$ |
| Passengers: <input type="checkbox"/> included <input type="checkbox"/> excluded | Each Passenger | |
| <input type="checkbox"/> Other Liability: | \$ | \$ |

| | |
|---|----------------------|
| <input type="checkbox"/> Medical Expense Crew: <input type="checkbox"/> included <input type="checkbox"/> excluded | \$ Each Passenger |
|---|----------------------|

Aircraft: If Airworthiness Certificate is other than Standard, please explain
If engine is being operated beyond TBO, please explain

| Physical Damage Coverage | Hull Value (attach proof of value if other than current market value) | Deductibles | |
|--|--|-------------|---------------|
| | | In Motion | Not In Motion |
| Aircraft 1 <input type="checkbox"/> Full Flight <input type="checkbox"/> Ground and Taxi <input type="checkbox"/> Not In Motion | \$ | \$ | \$ |
| Aircraft 2 <input type="checkbox"/> Full Flight <input type="checkbox"/> Ground and Taxi <input type="checkbox"/> Not In Motion | \$ | \$ | \$ |

| Year, Make and Model | N Number | Seating Capacity | | Land (L) Sea (S) Amp (A) | Purchase Date | | Current Market Value (Incl. Extras) | No. of Hours Aircraft Flown In Last 12 Months | Est. No. of Hours Next 12 Months |
|----------------------|----------|------------------|-------|--------------------------------|---------------|------|--|---|----------------------------------|
| | | Crew | Other | | New | Used | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |

Aircraft usually based at: _____ (Name of Home Airport. If Private Airport, give detailed location)

Hangared Tied Down

Are any flights contemplated outside continental U.S.? YES NO If "Yes", where: _____

Purpose of Use (Check all applicable uses)

Pleasure or Business (not flown by professional pilots employed for this purpose) Instruction of: _____ (Name of Student)

Corporate Executive (flown by professional pilots employed for this purpose) Flying Club Low Altitude Photography

Patrol Flights Banner Towing Crop Dusting Air Ambulance Air Hearse

Other Uses not indicated above (explain) _____

Use for which a charge is made (explain) _____

If used under FAR 135, who owns the FAR 135 operating certificate that you operate under? _____

Who maintains operational control of all aircraft being operated under FAR 135? _____



Pilots: Complete this section (including items 1-5 below) for every pilot who will operate an aircraft during the policy term unless a pilot questionnaire is completed by the pilot.

| Name of Pilot | Age | Pilot Certification and Ratings | | | | | | | Medical Certificate | | Hours Logged as Pilot in Command | | | | | | | | |
|---------------|-----|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------|----------------------------------|--------------|------------|--------------|--------------|----------------|------------------------|--------------|--------------|
| | | Stud. | Pvt. | Comm. | ASEL | AMEL | Instrument | ATP | Other | Date / Class | Date of Last BFR | All Aircraft | | | | | Insured Make and Model | | |
| | | | | | | | | | | | | Total | Tail-Wheel | Retract Gear | Multi Engine | Last 12 Months | Total | Last 90 Days | Last 12 Mos. |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| 4. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |

- Any pilots named above have any; (a) physical impairments, (b) waivers, limitations, conditions on their medical certificates or on their airman certificates
- An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked
- Any pilot above has ever been cited for violation of any aviation regulations in any country
- Any pilot named above has ever been involved in any aircraft accident
- Any pilot named above has ever been convicted of or plead guilty to a felony or driving while intoxicated

If "yes" to any question above, please explain in remarks sections.

AOPA Member #:

EAA Member #:

Applicant is: Sole owner Owner subject to mortgage or conditional sales contract. Lessee Other – explain

If aircraft is encumbered, name and address of lienholder or lessor

Amount of encumbrance (excluding interest and finance charges) \$

Will breach of Warranty Coverage be required by lienholder? Yes No

Name of last aviation insurance carrier (if none so state)

To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any aircraft owned by or in the custody of the Applicant except:

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots names herein regard to any type of insurance? Yes No If so, explain circumstances in remarks sections.

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.

Date: _____ Applicant's Signature(s) _____

Northeast Aviation & Marine

160 Lafayette Street • Schenectady, NY 12305

Phone: (800) 544-5656 • Fax: (518) 393-3621

Web: www.northeastaviationmarine.com

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Remarks

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