

PIK*WEST INSURANCE AGENCY

4421 COCHRAN STREET
SIMI VALLEY, CA 93063



Aviation Insurance Application

Named Insured		
Name:	Occupation:	
Address:	Effective Date:	Expiration Date:
Phone:	FAX:	Current Insurer:

Aircraft		
Year, Make & Model:	FAA Number:	
Seats:	Storage:	Use:
	Location: - (,)	
Airframe Hours:	Engine Hours:	Last Annual:

Lienholders	
Name:	
Address:	Lien Amount: \$

Pilots									
<u>Pilot(s) Name</u>	<u>Age</u>	<u>Last Medical</u>	<u>Last BFR</u>	<u>Rating</u>	<u>Total Hours</u>	<u>Total MM</u>	<u>Last 12 Mo.</u>	<u>RG/ME</u>	<u>Recurrent Where/When</u>
1.									
2.									
3.									

Coverages		Premium
Aircraft Liability – CSL		
Limits:		\$
Aircraft Medical Payments		
Limits:		\$
Aircraft Hull-All Risk Ground & Flight		
Limits:		\$
Total Annual Premium:		\$

OPW/Special Provisions

PLEASE COMPLETE AND SIGN REVERSE

AIRCRAFT INSURANCE APPLICATION SECTION

- IF ADDITIONAL SPACE IS NEEDED TO FULLY ANSWER ANY QUESTION, ATTACH ANOTHER SHEET OF PAPER AND REFER TO THE ITEM BEING ANSWERED.
- IF YOU ANSWER "YES" TO ANY QUESTIONS IN SECTION 2, PLEASE EXPLAIN ON SEPARATE SHEET OF PAPER.
- IF APPLYING FOR INSURANCE ON MORE THAN ONE AIRCRAFT, ANSWERS APPLY TO ALL AIRCRAFT UNLESS AN EXCEPTION IS NOTED.

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 FORCE AND 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 THE ORIGINAL AIRCRAFT 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 THE PILOTS SECTION? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G) WILL OTHER THAN THE APPLICANT AND PILOTS LISTED IN THE PILOTS SECTION HAVE USE OF THE 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 THE AIRCRAFT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J) HAS APPLICANT HAD ANY AIRCRAFT / AVIATION INSURANCE CLAIMS / LOSSES / ACCIDENTS / INCIDENTS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K) HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW ANY AVIATION INSURANCE FOR APPLICANT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L) DO ANY PILOTS NAMED ABOVE 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 IN THE PILOTS SECTION HAD ANY CONVICTIONS, SUSPENSIONS OR REVOCATIONS FOR: FAR VIOLATIONS, USE OF DRUGS, RECKLESS OR DRUNK DRIVING? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N) HAS ANY PILOT NAMED IN THE PILOTS SECTION EVER BEEN INVOLVED IN ANY AIRCRAFT ACCIDENT OR INCIDENT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE READ AND INITIAL

MINIMUM PILOT REQUIREMENTS:

I/WE UNDERSTAND AND ACKNOWLEDGE THAT THERE IS NO COVERAGE APPLICABLE UNLESS THE AIRCRAFT IS BEING OPERATED BY THE PILOT(S) DESIGNATED ON THIS DOCUMENT WHO HAS/HAVE AT LEAST THE CERTIFICATE, RATING, AND PILOT EXPERIENCE INDICATED AND WHO IS/ARE PROPERLY RATED AND QUALIFIED FOR THE FLIGHT INVOLVED.

INITIAL:

USE REQUIREMENTS:

I/WE UNDERSTAND AND ACKNOWLEDGE THAT THERE IS NO COVERAGE APPLICABLE IF THE AIRCRAFT IS USED FOR ANY PURPOSE OTHER THAN THE USE DESIGNATED ON THIS DOCUMENT IN - INSURED USE.

INITIAL:

AIRWORTHINESS REQUIREMENTS:

I/WE UNDERSTAND AND ACKNOWLEDGE THAT THERE IS NO COVERAGE APPLICABLE UNLESS AN AIRWORTHINESS CERTIFICATE IS IN FULL FORCE AND EFFECT.

INITIAL:

Insurance evidenced by this Application and Confirmation of Coverage is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this application and confirmation of coverage unless the terms, conditions and stipulations herein have been accepted by the insurance company.

The Insured may cancel this Application and Confirmation of Coverage by written notice of surrender to the insurance company stating when cancellation will be effective. The insurance company may cancel this application and binder (if issued), by giving notice to the Insured in accordance with the policy conditions. The insurance company is entitled to charge a premium for this application and binder (if issued) as specified by the policy currently in use by the insurance company.

It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by **PIK*WEST INSURANCE AGENCY**, or if the Insured's bank fails to honor the Insured's premium payment check, **PIK*WEST INSURANCE AGENCY**, shall have the right to attach, for the amount owed, any and all property subsequently added to this Application and Confirmation of Coverage or any and all property subsequently added to this application, binder (if issued), or subsequent policy.

I/We certify that to the best of my/our knowledge all statements or representations contained on both sides of this Application and Confirmation of Coverage 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 Confirmation of Coverage and the policy currently in use by the insurers shall be the basis of any contract between the insurance company and me/us.

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 qualifications or statement contained in this Application and Confirmation of Coverage. I/We further certify that unless otherwise stated in this Application and Confirmation of Coverage, no property described herein has any unrepaired damage as of the effective date of this Application and Confirmation of Coverage and that I/we authorize **PIK*WEST INSURANCE AGENCY** to represent me/us in placing this insurance.

DATE: _____

APPLICANT'S SIGNATURE: _____

Producer: PIK*WEST Insurance Agency
 4421 Cochran Street
 Simi Valley, CA 93063

(805) 522-3428 voice
 (805) 522-1739 faxline