

# Agricultural Aircraft Application

Applicant's Name					
Mailing Address					
Effective from		until		Both at 12:01 AM standard	
Business of Applicant			Number of Years in Business		
Former Business Names					
Applicant is      Individuals      Partnership      Corporation      Holding Company      Government Other (describe)					
and is owned, controlled, or a subsidiary of					
Is Applicant incorporated solely for ownership of the aircraft?					
Is applicant IS - BAO certified?					
Does applicant meet Wyvern, Argus Safety Audit Standards or any other safety audit guideline?					
What is the name of the auditing organization?					

LIABILITY COVERAGE	Limits of Liability Requested	
	Each Person	Each Occurrence
Bodily Injury Liability Excluding Passengers	\$	\$
Property Damage Liability	xxxx	\$
Passenger Bodily Injury Liability	\$	\$
Single Limit      cluding Passengers With Passenger Liability Limited To:	\$      xxxx	\$      xxxx
Medical Payments Crew is:      included      excluded		\$
Other Liability (Specify)	\$	\$

CHEMICAL LIABILITY COVERAGE "AERIAL APPLICATION ONLY"	Limits of Liability Requested		
	Each Person	Each Occurrence	Aggregate Limit
Bodily Injury Liability Excluding Passengers	\$	\$	\$
Property Damage Liability	Not Applicable	\$	\$
Single Limit Properly Damage & Bodily Injury, Excluding Passengers	Not Applicable	\$	\$
Check Appropriate      XC-seeds and fertilizers      RC – Restricted Chemical Chemical Category      CC- Comprehensive Chemical Incl      Farmer/Owner/Grower      Adjacent Fields      Crops Treated      Picloram P.D. Claims Reimbursement: \$      Each occurrence arising from chemicals \$      arising from other than chemicals			

PHYSICAL DAMAGE COVERAGE	Amount of Insurance (must be equal to current market value)	Deductibles
All Risk: Ground and Flight	\$	IN MOTION INGESTION MOORED  \$ 1000      \$ 250 \$ 500 Not in Motion \$      Other
All Risk: Not in Flight	\$	
All Risk: Not in Motion	\$	

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**AIRCRAFT** If Airworthiness Certificate is other than Standard or Normal, please indicate category:  
Describe any STC's, modifications or unrepaired damage:

Make Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib (A) Rotorwing (R)	Purchased		Price Paid By Applicant (inc Extras)	Present Estimated Value	Engine Hrs. since New or since last overhaul
			Crew	Pass.		New or Used	Date			

## GENERAL QUESTIONS

Aircraft usually based at	Hangared
(Name of Home Airport, give details of runway length, construction & all obstructions)	Tied-out
Estimate hours to be flown in the upcoming 12 months:	
Estimate average pax load for the upcoming 12 months:	
If your aircraft is managed by others, please indentify the aircraft manager:	
Who employs the aircraft manager?	
Who employs your pilots?	
Name and describe relationship to the name insured:	
Does Applicant hangar, service, repair or crew other aircraft?	Describe
Are any unapproved airports or unpaved runways used?	Describe
Is any aircraft registered under other names than Applicant's name above?	Describe
What foreign destinations do you plan to travel to in the next 12 months?	
List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. List attached	
Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs?	
Applicant is	Sole Owner of the aircraft Owner subject to mortgage or condition sales Other - explain
If aircraft is mortgaged, name and address of mortgagee?	
Amount of mortgage (excluding interest and finance charges) \$	
Will Breach of Warranty Coverage be required by mortgagee?	
Are any other Aircraft owned by, rented or used by or on behalf of Applicant?	
Model Aircraft	Uses No. of hours per year

## PILOT NAMES

All pilots who will regularly operate the insured aircraft must complete a "PILOT QUALIFICATIONS" form:	

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## PURPOSE OF USE

### CHECK ALL APPLICABLE USES

Pleasure	Business (not flown by professional pilots employed for this purpose)	Instruction	Rental (Comm'l)
Corporate – Executive (flown only by professional pilots employed for this purpose)		Flying Club	Photography
Passenger Carrying for Hire (Charter/Air Taxi)	Air Ambulance (Charter/Air Taxi)	Freight Carrying (Charter/Air Taxi)	
Pipeline/Powerline Patrol	Banner Towing	Aerial Application (see below)	
List all other uses not indicated above (explain)			

## AERIAL APPLICATION ONLY

Please fill out this section if you have checked “Aerial Application” under the PURPOSE OF USE Section above

List all states where you conduct aerial application

Describe applications violation of any law or regulation governing aerial application operations

Describe any owned/operated ground spraying equipment and type of use

Show the percentage each represents to the total:

Application of Glyphosate	%	Piclorams	%	Hormone Herbicides	%	Insecticides	%	Other	%
Orchards/Groves	%	Vineyards	%	Forest/Tree Farms	%	Fruits/Vegetables	%	Other	%

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

Exp. date

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes No

If so, explain. (Note: Missouri applicants Do Not Respond)

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## FRAUD WARNINGS

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

*FRAUD WARNINGS CONTINUED Next Page*

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## FRAUD WARNINGS CONTINUED

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

X \_\_\_\_\_  
Applicant's Signature Today's Date

(Producer will fill in this information)			
Producer			
Address	City	State	Zip
Email Address			

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<b>PILOT QUALIFICATIONS</b>				
Named Insured		Make & Model Aircraft to be Flown		
Your Name				
Address		First	Middle	Last
Date of Birth		Street	City	State      Zip
		Education (Advise Diplomas and Degrees if any)		
Occupation		Show % of work time spent on non-flying duties		
Employed by		Since	Full Time	Part Time
Address				
		Street	City	State      Zip
Business Phone		Home Phone		
List previous employers and position for last 5 years				

<b>AIRMAN CERTIFICATE NUMBER</b>		<b>MEDICAL</b>	
Number		Class	
Limitations		Expiration Date	
		Limitations	
<b>CURRENT CERTIFICATES AND RATINGS</b>			
Student	Since	Instrument	Instructor
Private		Single Engine-Land	Type rated in      Class
Commercial		Single Engine-Sea	Glider      Type of craft
Airline (ATP)		Center Line Thrust	Light Sport
Rotorcraft		Multi-Engine Land	A&P Mechanic
		Multi-Engine Sea	Other
Date of last logged satisfactorily accomplished Biennial Flight Review			Make and model
Date of last logged satisfactorily accomplished Pilot Proficiency Exam			Make and model
Date of last logged satisfactorily accomplished Instrument Proficiency Check			Make and model
<b>FLIGHT &amp; GROUND SCHOOL TRAINING COURSES</b>			
Name & Location of School		Type of Aircraft	Date      Graduated
INITIAL TYPE TRAINING		RECURRENCEY TRAINING	FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING
GROUND SCHOOL ONLY		AERIAL APPLICATION SCHOOL	
LEVEL OF SIMULATOR TRAINING COMPLETED			

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## FLIGHT & GROUND SCHOOL TRAINING COURSES CONT'D

Name & Location of School	Type of Aircraft	Date	Graduated
INITIAL TYPE TRAINING GROUND SCHOOL ONLY	RECURRENCEY TRAINING AERIAL APPLICATION SCHOOL	FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING	
Level of Simulator Training completed			
<b>AERIAL APPLICATOR</b>			
Number of years experience as an aerial pilot	Total hours applying: Herbicides      Insecticides		
List states you are currently licensed to conduct			
Explain any suspension or revocation of any state aerial applicator certificate held by you.			

## Total Logged Pilot-In-Command hours for all aircraft

## Total Logged hours in all aircraft

## ITEMIZED PILOT-IN-COMMAND HOURS

Class	Make & Model	Total	Last 90 Days	Last 12 Mos.	Instrument 6 Mos.	CO-PILOT Hours
Insured Make and Model						
Single-Engine Fixed Gear						
Single-Engine Retractable						
Multi-Engine Piston						
Turbo-Prop						
Jet						
Helicopter-Recip -Turbine -Sling Load						
Night Vision Devices						
Nbr of Water Landings & Takeoffs						

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**- ANSWER ALL QUESTIONS -**

**Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

	Yes	No
1. Have you ever had an aircraft claim, incident or accident?		
2. Have you ever been cited or fined for violation of an aviation regulation?		
3. Has your pilot certificate ever been suspended or revoked?		
4. Have you ever been convicted of a felony or are you under indictment for a felony?		
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?		
6. Has your driver's license ever been suspended or revoked?		
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?		
8. Have you ever had or been treated for a chemical dependency?		
9. Are you regularly using any medication?		

Explain fully each "Yes" answer

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

X

PILOT'S SIGNATURE

TODAY'S DATE

Producer

Address	City	State	Zip
Telephone	Fax	Email Address	