



AIRCRAFT INSURANCE APPLICATION

TODAY'S
DATE: _____

Arlington/Roe & Co. Inc • 8888 Keystone Crossing #900 • Indianapolis, IN • 46240 • Phone: (800) 878-9891 Fax: (888) 552-9891

NAMED INSURED:

Address: _____ Phone () _____

City: _____ ST _____ ZIP _____ Occupation _____

Ownership: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC* ☐ Other Business Entity*

Is the insured a member of EAA, AOPA, NBAA, NATA? ☐ NO ☐ YES

Membership #'s _____

Is Applicant incorporated solely for ownership of aircraft? ☐ Yes ☐ No required for discount

*If LLC or Other: Name of Owner/Partner/Principal _____

Occupation _____

Pilot?

1	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Insurance Company*:

(* Provide name of actual insurance carrier, not agent/broker)

Effective: _____ to _____

NEW PURCHASE ☐

COVERAGE/LIMITS REQUESTED

Liability

- ☐ COMBINED SINGLE LIMIT \$ _____ per occurrence
- ☐ \$1,000,000 CSL each occurrence limited to \$100,000 each passenger
- ☐ \$ _____ CSL per occurrence limited to \$ _____ each passenger
- ☐ Medical Payments including crew \$ _____ each passenger

Hull Coverage

- ☐ Ground & Flight
- ☐ Not In Flight
- ☐ Not In Motion/ Storage
- In Motion Deductible: \$ _____
- Not In Motion Deductible: \$ _____

AIRCRAFT INFO

Purpose: ☐ Pleasure/Business ☐ Instruction/Rental ☐ Charter ☐ Club ☐ Corporate (Professional crew)

☐ Other _____

	YR	MAKE & MODEL	# of Seats		FAA N #	Eng Hrs SMOH	Eng H/P	Engine MFG	Aircraft Purchase \$	Date Purchased	Insured Value
			Crew	Pax							
1									\$		\$
2									\$		\$
3									\$		\$

*Are any of the above aircraft operated with floats or skis? ☐ Yes ☐ No

A/C	Aircraft Flown Single Pilot? (YES or NO)	Date of Last Annual Inspection	Expected Hrs of Annual Utilization	Total Time on Airframe	Technologically Advanced Aircraft						
					IFR Cert w/ Moving map?	GPS 2 axis auto pilot w/ alt hold?	TAWS or GPWS?	TCAS?	Stormscope, datalink or WX radar?	Advanced Fuel Mgmt (fuel totalizer)?	RNP?
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"/>

Home Airport: _____ AIRPORT IDENTIFIER: _____

A/C Storage: ☐ Hangared ☐ Tied Down ☐ Moored

Airport Type: ☐ Public ☐ Private Runway Type: ☐ Paved ☐ Other _____

Applicant is: ☐ Sole Owner ☐ Owner subject to lien ☐ Other _____

Lienholder & address: _____

Is Breach of Warranty required? ☐ No ☐ Yes (if yes) Amount of Lien: \$ _____

- | | | |
|---|------------------------------|-----------------------------|
| 1 Are any of the above aircraft flown outside the 48 U.S. States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Is there any existing and/or unrepaired damage to the above aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Has any of the above aircraft ever been salvaged due to physical damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 Will any unapproved airports or unpaved runways be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 Has applicant or named pilots ever had aviation insurance declined or cancelled or refused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Are any other aircraft used or rented by or on behalf of applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 Has applicant had any aviation incidents, accidents or claims in last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 Does any aircraft above have other than a standard airworthiness certificate in force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 Do any aircraft have any modifications or STC's? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 Does insured hangar, repair, own or crew any other aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 Is a charge made for use of any of the insured aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPLANATION of any "YES" (use separate sheet if needed):

PILOT INFO (complete for each known pilot who will operate the aircraft)



	Pilot Name	AGE/DOB	Certificates					Ratings								Med Exp Date (MM/YYYY)	Med Class	Date of Last BFR	Date of last IPC check (if any)	Type Ratings (if any)
			Student	Light Sport	Private	Commercial	ATP	ASEL	ASES	AMEL	AMES	Instrument	CFI	CFII	MEI					
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

* All pilots will be required to submit proof of training and/or recurrent training certificates for all aircraft requiring annual school

LOGGED Pilot Hours (fixed wing aircraft)

		Pilot #1	Pilot #2	Pilot #3	Pilot #4
Total - All Aircraft					
Total - Retractable Gear					
Total - Multi Engine					
Total - Tailwheel					
Dual Instruction Given (if any)					
Total in Make & Model(A/C#1)					
Total in Make & Model(A/C#2)					
Total in Make & Model(A/C#3)					
Total last 12 months					
Turbo Prop	PIC				
	SIC				
	Single Eng				
	Multi Eng				
Jet	PIC				
	SIC				
	Single Eng				
	Multi Eng				
Total hrs in Float Equipped A/C	Single Eng				
	Multi Eng				

Pilots Relationship to Insured:

- | | | | | |
|---|--|-----------------------------------|---|---|
| 1 | <input type="checkbox"/> Owner/Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contract Pilot | <input type="checkbox"/> Other (Explain: _____) |
| 2 | <input type="checkbox"/> Owner/Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contract Pilot | <input type="checkbox"/> Other (Explain: _____) |
| 3 | <input type="checkbox"/> Owner/Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contract Pilot | <input type="checkbox"/> Other (Explain: _____) |
| 4 | <input type="checkbox"/> Owner/Insured | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contract Pilot | <input type="checkbox"/> Other (Explain: _____) |

Pilot Questions:

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Do any pilots named above have any limitations attached to their medical certificates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Has any medical or pilot certificate held by any pilot above ever been revoked or suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Has any pilot above ever been cited for any FAA/FAR violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Has any pilot above ever been involved in any aircraft accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Has any pilot above ever been indicted or arrested for a felony or drunk driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Has any pilot above ever been convicted or indicted in a legal action involving drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Are the pilots enrolled in a recurrent flight training program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Have all above pilots complete at least 1 of 5 listed AOPA ASF courses annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Single Pilot IFR, Datalink, Thunderstorms, IFR GPS, Runway Safety)

EXPLANATION of any "YES" (use additional sheet if necessary) :

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.06 POL0004 00 11 07 Page 4 of 6

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 Agencies.

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 IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 MAINE APPLICANTS: It is a crime to 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 MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.06 POL0004 00 11 07 Page 5 of 6

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 NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

NOTICE TO LOUISIANA AND NEW MEXICO 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 civil fines and criminal penalties.

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 claims 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 PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

X _____
Applicant's Signature

Date

X _____
Applicant's Signature

Date

Producer: _____
Address: _____ City _____ ST _____ ZIP _____
Phone: _____

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number