

PRIVATE AIRCRAFT APPLICATION

Named Insured:

Contact Person:

Occupation:

Mailing Address

Email Address:

Telephone No.:

Current Insurance Company:

Renewal Date:

Accidents/Violations/Claims last 5 years: Yes No

If yes, please provide date, details, pilot, amount paid by insurer, insurance company.

Aircraft Year	Make	Model	Registration
Number of PASSENGER Seats			
Hull Values:			
Wheel \$	Float \$	Ski \$	Amphibian \$
Work In Progress: \$	\$		%
Aircraft based at:			
Aircraft hangared: Yes	No		
Do you own your own hangar: Yes	No		
Name and address of Additional Insured, Mortgagee and/or Loss Payee:			

Hull Coverage (choose one): All Risks Flight and Ground	Ground Hull Only	None
Liability Coverage (choose one): Flight	Ground	None
Liability Limit (choose one): Combined Single Limit \$1,000,000 including all passenger seats		
\$1,000,000 Third Party and \$100,000 per passenger seat		
Higher Amount, if required:		
Premises Liability Limit, if required:		

	Pilot 1	Pilot 2	Pilot 3
Pilot Name			
Date of Birth			
License Type			
License Ratings			
Total Flying Time – all aircraft			
Total Flying Time Last 12 months – all aircraft			
Total Time on this aircraft			
Total Time Last 12 months on this aircraft			
Total Retractable Gear Time			
Total Multi Engine Time			
Total Taildragger Time			
Total Float Time			
Total Amphibian Time			
Total Ski Time			
Details of any recent safety/recurrency training			
Accidents/Violations/Claims last 5 years:	Yes No	Yes No	Yes No
If yes, please provide date, details, amount paid by insurer, insurance company (use a separate sheet if required)			

Applicant Signature _____ **Date** _____