



AIRCRAFT INSURANCE APPLICATION

Named Insured (Applicant) and Address:

AIRCRAFT

#	Aircraft and Year	Total Seats	Insured Use	Base Airport	Storage
1					
2					

COVERAGES

#	Coverage	Deductibles
1	Hull Physical Damage Ground and Flight: \$ _____ Insured Value	
1	Liability Limits Requested: \$ _____ Each Occurrence	
1	Medical Payments: \$ _____ Each Person	
2	Hull Physical Damage Ground and Flight: \$ _____ Insured Value	
2	Liability Limits Requested: \$ _____ Each Occurrence	
2	Medical Payments: \$ _____ Each Person	

PILOT INFORMATION

AIRCRAFT / AIRCRAFT OPERATIONS SECTION

- If you answer "yes" to any questions below, please explain in the remarks section.
- If applying for insurance on more than one aircraft, answers apply to all aircraft unless an exception is noted.

	Yes	No
1. Has the aircraft been equipped with any modifications requiring a Supplemental Type Certificate?		
2. Do you anticipate the aircraft to be operated outside the continental United States? If so, where?		
3. Is there any unrepaired damage to the aircraft?		
4. Will the aircraft be used for any purpose(s) for which a charge is made?		
5. Will the aircraft be used for other than the transportation of person (such as hunting, aerial applications, patrol, research, etc.)?		
6. Will the aircraft be used for student or pilot instruction other than for recurrent training of pilots listed?		
7. Will the aircraft be routinely operated from other than paved public airports? If so, where?		
8. Has any insurer cancelled, declined or refused to renew any aviation insurance for the applicant?		
9. Has the applicant had any aircraft/aviation insurance claims/losses/accidents/incidents? Please record any in Loss History		

REMARKS

LOSS HISTORY

ADDITIONAL INTERESTS

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PLEASE READ AND INITIAL

Use Requirements: I/We understand and acknowledge that there may be no coverage applicable if the aircraft is used for any purpose other than the use designated on the policy.	Initial:	
I/We certify that to the best of my/our knowledge all statements or representations contained on all pages of this application 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 the application and the policy currently in use by the insurers shall be the basis of any contract between the Insurance Company and me/us.	Initial:	
I/We 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 statements contained in this application. I/We authorize Wings Insurance to represent me/us in placing this insurance.	Initial:	
<ul style="list-style-type: none"> ▪ Insurance evidenced by this application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. ▪ The insured may cancel this application and/or policy by written Notice of Surrender to the Insurance Company stating when cancellations 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 Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the binder (if issued) or policy is in force. Short rate cancellation charges may apply. 		
DATE:	APPLICANT'S SIGNATURE:	



PILOT EXPERIENCE FORM

The information currently on file is denoted. Incomplete forms will be returned.

Name of Insured:		Phone No. (W): (H): Mobile: Email:
Pilot's Name & Address:		
Date of Birth:	Marital Status:	Occupation: Employer:
AOPA Member #:	EAA Member #:	Airman's Certificate #:

CERTIFICATES AND RATINGS

Student	CFI	Single Engine Land	Multi-Engine Sea
Private	CFII	Multi-Engine Land	Helicopter
Commercial	CFIMEI	Single Engine Sea	Instrument Rating
ATP			
Medical Date:	Medical Class:	Flight Review Date:	

TOTAL LOGGED PILOT HOURS

	Total Hours		Total Hours		Total Hours
TOTAL TIME:		Turbo Prop:		Turbine Helicopter:	
Pilot In Command:		Single Engine Turbo Prop:		Total Agricultural:	
Multi-Engine Land:		Retractable Gear:		Total Seaplane:	
Instrument:		Conventional Gear:		All Aircraft – Last 12 Months:	
Turbo Jet:		Helicopter:		All Aircraft – Last 90 Days:	

APPLICANT REQUESTS APPROVAL IN THE FOLLOWING MAKE & MODEL OF AIRCRAFT

Make & Model of Aircraft Insured	Make & Model Total Hours	Make & Model Total Hours Last 12 Months:	Is Annual Recurrent Training received in this Aircraft?		
			Yes/No	Training Facility	Training Date

PLEASE EXPLAIN ANY "YES" ANSWERS IN THE REMARKS SECTION

	Yes	No
Do you hold a current FSI Pro Card or Simuflite Card?		
Have you completed a phase of the FAA Pilot Proficiency Award Program or other refresher/recurrency training courses?		
Are you flying under a medical waiver other than corrective lenses?		
Have you ever had an Aircraft Accident/Incident or been penalized for a FAR violation?		
Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?		
Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?		
Has your driver's license or medical certificate ever been suspended or revoked?		
Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?		

DATE: _____ **PILOT'S SIGNATURE:** _____

FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company or the purpose of attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.
Coverage may be invalidated if the pilot of the insured aircraft does not comply with medical certificate and pilot proficiency regulations as mandated by the FAA and/or your Insurance Company.

REMARKS



PILOT EXPERIENCE FORM

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Name of Insured:		Phone No. (W): (H): Mobile: Email:
Pilot's Name & Address:		
Date of Birth:	Marital Status:	Occupation: Employer:
AOPA Member #:	EAA Member #:	Airman's Certificate #:

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TOTAL TIME:		Turbo Prop:		Turbine Helicopter:	
Pilot In Command:		Single Engine Turbo Prop:		Total Agricultural:	
Multi-Engine Land:		Retractable Gear:		Total Seaplane:	
Instrument:		Conventional Gear:		All Aircraft – Last 12 Months:	
Turbo Jet:		Helicopter:		All Aircraft – Last 90 Days:	

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