



Agricultural Aircraft Insurance Application

Applicant Information

Name of Applicant: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Occupation: _____

Applicant is a(n): Individual Corporation LLC Partnership Other (specify) _____

Explain: _____

If a corporation, partnership, or limited liability organization formed for the primary purpose of ownership of the aircraft, please list all partners, shareholders, members, officers, and/or directors: _____

Present Insurance Company: _____ Expiration date: _____

List name(s) used in any former Aerial Application Business: _____

How long have you conducted Aerial Agricultural Operations? _____

Are you a current member of any state agricultural aviation association? Yes No State(s)? _____

The National Agricultural Aviation Association (NAAA)? Yes No

Do you and your pilots participate in the NAAA PAASS Program? Yes No Last date completed? _____

Quote/Policy No: _____

Airport Information

Do you want Aerial Applicator's Premises Liability Coverage? Yes No Limit \$ _____

List all locations you own, lease, or incidentally operate from:

Airport Name	Location	Runway Length	Runway Width	Runway Surface

If more than one airport is listed above, which is your home airport? _____

What is the area of your operation (radius in miles) from the above home airport? _____

List all states in which you operate. _____

If any operations outside the continental United States, please provided details. _____

Aircraft Physical Damage

Number of aircraft owned, leased, or operated by you? _____

Please complete the following schedule (list all of the aircraft you own, lease, borrow or use):

FAA #	Year	Make & Model	Engine Manufacturer	Engine Hours	Airframe Hours	All Risk?	Deductibles		Hull Value
							NIM	IM	

FAA #	Last 12 Months Flying Hours	Estimated Next 12 Months Flying Hours

GPS units in the aircraft are covered as a part of the aircraft hull value, unless you advise us to exclude GPS units. Are the GPS units to be **excluded** from your coverage? Yes No

Explain aircraft storage: in a fully enclosed, secured hangar, secured T-Hangar, patio hangar, tied out or other? _____

Aircraft Ownership

If you do not own the aircraft by yourself, please list the names and addresses of co-owners, mortgagees, and/or lessors:

FAA #	Ownership Status	Name	Address	Lien Amount	Is a BOW required?

Aircraft Liability

FAA #	Liability Limit of Coverage (Non-Chemical)	Chemical Coverage Limit	Chemical Definition
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC
			<input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC

Please complete the following regarding optional coverages:

Do you want crops being treated and adjacent fields? Yes No
 Do you want property owner grower as insured (FOG)? Yes No

Chemical

Will the aircraft be used for any of the following applications?	Percentage in last 12 months:
Hormone Herbicides <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fungicides <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insecticides <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fertilizers <input type="checkbox"/> Yes <input type="checkbox"/> No	
Seeds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dessiccants <input type="checkbox"/> Yes <input type="checkbox"/> No	
Defoliant <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pilot Information

Pilot Name	Date of Birth	Date of Last Completion			Total Agricultural Hours			
		Medical	Flight Review	NAAA PAASS	All Ag Aircraft	Ag Turbine	Insured Make & Model	Make & Model Past 12 Months

Please attach a completed Agricultural Pilot Record form for each pilot.

Additional Information	
Has any insurance market cancelled, declined, or refused to renew any aviation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your pilots (full or part time) had any aircraft hull or liability losses/claims in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your pilots (full or part time) ever been cited and/or fined for any alleged violation of any federal, state, country plant board, or agricultural board law of regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, your pilots, or ground personnel filed any worker's compensation claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell, distribute, or provide any chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use picloram? (If you should need the picloram exclusion removed, underwriting details will be needed).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use glyphosate (round up, round up ultra, rodeo) in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do any aerial application for mosquito control? (If you do any aerial application for mosquito control, underwriting details will be needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do any aerial application over any city, town, village or residential area? (If you should need the city, town, village or residential area exclusion removed, underwriting details will be needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do any aerial application for controlled/prescribed burning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do any aerial application for fire suppression or fire spotting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all chemicals you use:	
Who performs aircraft maintenance and what are their qualifications?	
Has applicant entered into any written agreements assuming the liability of others, such as hangaring or storage agreement, maintenance agreement, engine lease, aircraft lease, etc.? Please furnish all copies of contracts.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please use this space to explain each yes answer:

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Davidson Solid Rock Insurance
P.O. Drawer 1099
Clinton, AR 72031

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. Thereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

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.

Applicant's Signature: _____ Date: _____

Applicant's Name (Print): _____ Title: _____