



# Aircraft Insurance Application

Applicant Information							
Name of Applicant:							
Address:							
City:		State:			ZIP Code:		
Email:		Phone:		Occupation:			
Applicant is a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> 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:			
Aircraft will be <input type="checkbox"/> Hangared <input type="checkbox"/> Tied down		City and State:			Identifier:		
Quote/Policy No:							
Liability		Limit of Coverage				Premium (Company Use)	
Single limit bodily injury and property damage including passenger bodily injury		\$		Each occurrence		\$	
		\$		Each passenger			
Medical expense coverage		\$		Each person		\$	
		\$		Each occurrence			
Other:						\$	
Liability Premium Total:						\$	
Aircraft Description and Physical Damage							
FAA No.	Year, Make, & Model	Seats	Coverage	Agreed Value	Deductibles		Premium
					NIM	IM	
							\$
							\$
							\$
Physical Damage Premium						\$	
Other Premium/Tax						\$	
<b>TOTAL ANNUAL PREMIUM</b>						<b>\$</b>	
Purpose of Use: <input type="checkbox"/> Business and Pleasure <input type="checkbox"/> Instruction and Rental <input type="checkbox"/> Industrial Aid <input type="checkbox"/> Special Use (Specify)							
Explain:							
Applicant's Interest in the Aircraft is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Sole Owner with Lienholder <input type="checkbox"/> Lessee							
Lienholder and/or Lessor Information:				Lienholder's Interest Endorsement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lienholder:				Lessor:			
Address:				Address:			
City, State, Zip:				City, State, Zip:			
Phone:		Fax:		Phone:		Fax:	
Is aircraft operational and air worthiness certificate in full force and effect?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:							
Is the aircraft operated under a FAA standard of air worthiness certificate?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:							
Has aircraft and/or engine been modified?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:							
Is there any unrepaired damage to the aircraft?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:							

Pilot Information													
Name:	DOB:	Ratings:	Med	BFR	Total Time	L12	Tail wheel	Retractable Gear	Turbo Prop	Turbo Jet	Multi-Engine	Make & Model	M&M L12

Will any charges (other than operating expenses) be made for the use of the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the aircraft be used for anything other than transporting people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the aircraft be used any place other than a paved runway airport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or exclusively lease any other aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a non-owned aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the aircraft be used for student or pilot instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the name of all instructors:	
Has a pilot had any losses, incidents, accidents, citations for FAR violations, license limitations, DUI or drug convictions within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant or any pilot ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any pilot have any physical impairments, limitations, or waivers on their medical certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will anyone other than the named pilots use the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate the insured aircraft to be operated outside the continental United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please use this space to explain each yes answer:

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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: \_\_\_\_\_