

Lienholder Information:

Applicant's Interest in the Aircraft is: Sole Owner Sole Owner with Lienholder Lessee

Pilot Information

Name:	DOB:	Ratings:	Med	BFR	TT	L12	Tail wheel	Retractable Gear	Multi-Engine	Make & Model	M&M L12

Non-Owned Aircraft Information

Passenger seating capacity of largest non-owned aircraft:

Purpose for flying non-owned aircraft:

Any changes contemplated for the next 12 months? Yes No

If yes, please explain:

Leased Aircraft Owner Information

Name:	DOB:	Ratings:	Med	BFR	TT	L12	Tail wheel	Retractable Gear	Multi-Engine	Make & Model	M&M L12

List all accidents/incidents for past 5 years:

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: _____