

**NASON ASSOCIATES, INC.**

5700 Broadmoor, #905  
 Mission, KS 66202  
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 Fax: 913-384-9350

Agent or Broker \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**AIRCRAFT INSURANCE APPLICATION**

Named Insured & Address: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Business or Occupation: \_\_\_\_\_  
 Phone: Residence \_\_\_\_\_ Business \_\_\_\_\_

AIRCRAFT	Year, Make & Model	FAA Number	Total Seats	Engine Hours	Engine Horsepower

Aircraft usually based and Airport: \_\_\_\_\_  
 Hangared  Tied Down at (City & State): \_\_\_\_\_  
 Private Airport  Public Airport Paved Runways? \_\_\_\_\_

**COVERAGES AND LIMITS**

LIABILITY COVERAGE	LIMITS		
	Each Person	Each Occurrence	Premiums
A. Single Limit of Bodily Injury & Property Damage: ___ Including passengers ___ Excluding passengers	Limiting Each <input type="checkbox"/> Person or <input type="checkbox"/> Passenger to \$ Each Occurrence		\$
B. Medical Payments: ___ Including crew ___ Excluding crew	\$	\$	\$
PHYSICAL DAMAGE COVERAGE	Agreed Value	Deductible	
C. While Not In Motion	\$	\$	\$
D. While In Motion	\$	\$	\$
Other Coverage:			\$

**PURPOSE OF USE**

- Pleasure and Business  Industrial Aid  Limited Commercial  
 Commercial Ex Instruction or Rental  Commercial  Flying Club  
 Special Uses - Defined as: \_\_\_\_\_

**OWNERSHIP INFORMATION**

Applicant if Sole Owner without liens except as indicated:

- Owner subject to lien with  Lienholders Interest or  Loss Payee  
 Lessee or  Lesser (if a lease agreement exists, attach a copy)  
 Other - Explain on reverse or use separate sheet

Name & Address \_\_\_\_\_ Present  
 of Lienholder \_\_\_\_\_ Amount of \$ \_\_\_\_\_

**PILOT INFORMATION**

Name	Certificates & Ratings						Total Logged Pilot Hours							
	Age	Stu	Pvt	Cml	ATP	Ratings	Total	Insured	M/M	RG	TW	Multi Eng	MED	BFR

INSURED'S MEMBERSHIP # (AOPA, EAA, etc.) \_\_\_\_\_

To complete application, refer to aircraft and engine logbooks and pilot logbooks and other official records.  
 If additional space is needed to fully answer any part, attach another sheet of paper and refer to the item being answered.  
 If applying for insurance on multi aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

**SECTION 1. APPLICANT SECTION**

Applicant is  Individual  Corporation  Co-Ownership/Partnership  
 (Name all partners)

Name of  Last or  Present Aviation Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_ or  None

**SECTION 2. AIRCRAFT OPERATIONS SECTION**

- |   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
| A. Does the aircraft have OTHER than a standard airworthiness certificate in full effect?   | A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Are there any other aircraft owned by the applicant?   | B | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Has the aircraft been equipped with any modifications not provided by manufacturer?  | C | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Do you anticipate aircraft to be operated outside the continental United States?   | D | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Will aircraft be normally operated from OTHER than paved public airports?  | E | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Will aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the Pilot Section on reverse?   | F | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Will other than applicant and pilots listed in Pilot Section on reverse have use of the aircraft?  | G | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Will aircraft be used for any purpose(s) for which a charge is made?   | H | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Is there any unrepaired damage to the aircraft?  | I | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. Has applicant had any aircraft/aviation losses/claims during the last three years?   | J | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K. Has any insurer cancelled, declined or refused to renew any aviation insurance for the applicant?  | K | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L. Do any pilots named on reverse have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their medical certificate?          | L | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. Has any named pilot had any convictions, suspensions, or revocations for FAR violations, use or possession of drugs, or reckless or drunk driving?   | M | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N. Has any named pilot ever been involved in any accident or incident?  | N | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| O. Has applicant or any named pilot ever been convicted of a felony?  | O | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| P. If aircraft is a Turbo Prop or Turbo Jet furnish the following: Estimated Annual Utilization of aircraft: _____<br>Average passenger load in aircraft: _____<br>Percentage breakdown: Employer _____ % vs. Guest _____ % |   |                              |                             |

**SECTION 3. REMARKS**

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above). Use separate sheet if necessary.

**PLEASE READ & INITIAL**

**MINIMUM PILOT REQUIREMENTS**

I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings, and pilot experience indicated, and who, is/are properly qualified for the flight involved.

**INITIAL** \_\_\_\_\_

**USE REQUIREMENTS**

I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

**INITIAL** \_\_\_\_\_

**AIRWORTHINESS REQUIREMENTS**

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate is in full force and effect.

**INITIAL** \_\_\_\_\_

I/We certify all statements or representations contained on both sides 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 this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further 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 statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owner(s) of the property.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime.

I/We authorize \_\_\_\_\_ to represent me/us in placing this insurance.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_