

AIRCRAFT INSURANCE APPLICATION SECTIONS

- If you answer "yes" to any questions in the following sections, please explain in the remarks section.
- If additional space is needed, attach another sheet of paper and refer to the item being answered.
- If applying for insurance on more than one aircraft, answers apply to all aircraft unless an exception is noted.

AIRCRAFT / AIRCRAFT OPERATIONS SECTION

		Yes	No
A)	Has the applicant or any of the pilots named above had any citations or suspensions?	<input type="checkbox"/>	<input type="checkbox"/>
B)	Has the applicant had any aircraft / aviation losses, claims, or incidents during the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
C)	Has the applicant or any of the applicant's pilots ever paid, or had paid on their behalf any settlement claims arising out of the Chemical Liability Hazard (chemical drift coverage) insurance?	<input type="checkbox"/>	<input type="checkbox"/>
D)	Has any such claim been made that is still unsettled?	<input type="checkbox"/>	<input type="checkbox"/>
E)	Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew the applicant's aviation insurance?	<input type="checkbox"/>	<input type="checkbox"/>
F)	Are there any other aircraft owned by, rented or used by or on behalf of the applicant? If yes, please list model, uses, and the number of hours per year.	<input type="checkbox"/>	<input type="checkbox"/>

AERIAL APPLICATION INFORMATION

List all states where you conduct aerial application:

Describe applicants violation of any law or regulation governing aerial application operations:

Describe any owned / operated ground spraying equipment and type of use:

Show the percentage each represents to the total:

Application of:

Glyphosate	%	Piclorams	%	Hormone Herbicides	%	Insecticides	%	Other	%
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Application to:

Orchards/Groves	%	Vineyards	%	Forest/Tree Farms	%	Exotic Fruits/Vegetables	%	Other	%
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Mosquito Control:	Aquatic Chemical Application:	
% of work during the year	Non-Moving Water	% of work during the year
contracts per year		contracts per year
limits required		limits required
	Moving Water	% of work during the year
		contracts per year
		limits required

ADDITIONAL INTERESTS OR LIENHOLDERS

Nature of Interest:	If Other, Describe:
Company:	Current Lien Amount
Name:	
Address :	
Nature of Interest:	If Other, Describe:
Company:	Current Lien Amount
Name:	
Address :	
Nature of Interest:	If Other, Describe:
Company:	Current Lien Amount
Name:	
Address :	

REMARKS

LOSS HISTORY

Date Occurred	Description	Amount Paid	Defense Costs	Subrogation Amount	Reserved

Name of last Aircraft Insurance carrier? _____ Exp. Date: _____

Has any Insurance Company or Underwriter at any time declined and aircraft application submitted by or cancelled or refused to renew and aircraft policy held by the applicant or any of the pilots named herein? Yes No If so, explain.

PLEASE READ AND INITIAL

MINIMUM PILOT REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the aircraft is being operated by the pilot(s) designated on this document or on the policy who has/have at least the certificate, rating, and pilot experience indicated and who is/are properly rated and qualified for the flight involved.	INITIAL:	
USE REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable 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 applicable unless the appropriate restricted airworthiness certificate is in full force and effect.	INITIAL:	

- 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. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company.
- The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation 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.
- 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 this Application and the Policy currently in use by the insurers shall be the basis of any contract between the Insurance Company and me/us.
- 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.

DATE:		APPLICANT'S SIGNATURE:	
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PLEASE SEE ATTACHED PILOT FORMS



PILOT EXPERIENCE FORM

The information currently on file is denoted. Please review for accuracy and completeness, sign & date form and return to our office.

Incomplete forms will be returned

Name of Insured:		Phone No. (W):	
PILOT'S NAME:		(H):	
Address:		Mobile:	
		Email:	
Date of Birth / (Age):		Preferred Method of Communication:	
Marital Status:		<input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Mail
Occupation:		Employer / Duration:	
AOPA Member #:		Airman's Certificate #:	EAA Member #:

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.

CERTIFICATES AND RATINGS

Student <input type="checkbox"/>	Commercial <input type="checkbox"/>	CFII <input type="checkbox"/>	Multi-Engine Land <input type="checkbox"/>	Helicopter <input type="checkbox"/>
Recreational <input type="checkbox"/>	ATP <input type="checkbox"/>	CFIMEI <input type="checkbox"/>	Single Engine Sea <input type="checkbox"/>	Gilder <input type="checkbox"/>
Private <input type="checkbox"/>	CFI <input type="checkbox"/>	Single Engine Land <input type="checkbox"/>	Multi-Engine Sea <input type="checkbox"/>	Instrument Rating <input type="checkbox"/>
Type Ratings & Date:				
Medical Date:		Medical Class:		
Flight Review Date:		Flight Review Completed In:		

AERIAL APPLICATION

Number of years experience as an aerial applicator pilot:

% Applying Herbicides % Applying Insecticides

List states you are currently licensed to conduct aerial application:

Explain any suspension or revocation of any State Aerial Applicator Certificate held by you:

Date of last PAASS Course:

TOTAL LOGGED PILOT HOURS

	Hours		Hours
TOTAL TIME:		Rotor Wing:	
Pilot in Command:		Turbine Rotor Wing:	
Second in Command:		Total Fixed Wing Aerial Application:	
Multi-Engine Land		Total Rotor Wing Aerial Application:	
Instrument (<i>both Actual & Simulated</i>):		Total Seaplane:	
Turbo Jet:		Multi-Engine Seaplane:	
Turbo Prop:		Single Engine Turbo Prop:	
Retractable Gear:		All Aircraft - Last 90 Days:	
Conventional Gear (Tail Wheel):		All Aircraft - Last 12 Months:	

APPLICANT REQUESTS APPROVAL IN THE FOLLOWING MAKE & MODEL OF AIRCRAFT

Make & Model of aircraft insured	Total Hours	Last 12 Months	Is Annual Recurrent Training received in this Aircraft?		
			Yes/No	Where	When

PLEASE EXPLAIN ANY "YES" ANSWERS IN THE REMARKS SECTION.

		Yes	No
1)	Do you hold a current FSI Pro Card or Simuflite Card?	<input type="checkbox"/>	<input type="checkbox"/>
2)	Do you participate in FAA Pilot Proficiency Award Program?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Please list Refresher/Transition Courses below. Describe and give dates of last course attended.		
4)	Are you flying under a medical waiver?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Have you ever had an Aircraft Accident/Incident or been penalized for an FAR violation?	<input type="checkbox"/>	<input type="checkbox"/>
6)	Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
7)	Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?	<input type="checkbox"/>	<input type="checkbox"/>
8)	Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
9)	Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>

Date:		Pilot's Signature:	
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FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

PILOT EXPERIENCE REMARKS