

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Hm #: _____
Wk #: _____
Fax #: _____
Mobile/Pager: _____
E-Mail: _____

We would like the opportunity to quote your business. We quote ALL the companies except Avemco and can get you the best rate for the coverages. For the best quote possible, please complete the application and return it ASAP. We will contact you as soon as your quotes come back, approx. 30 days prior to the expiration.

Please complete and add additional comments on a separate piece of paper, if necessary:

Year: _____ Aircraft: _____ FAA N#: _____ # Seats: _____ Type Gear: _____
Engine make _____ HP: _____ Engine hrs SMOH or since new: _____; Last Annual Date: _____;
Certificate in full force & effect? **Yes or No**; Is it **Standard or Experimental** Hangared: **Yes or No**;
Airport, State (ID): _____, _____ (____); Paved: **Yes or No**; Length: _____

Use: Pleasure and Business and/or other _____

Please list all modifications to the original aircraft design and any equipment added in the last twelve months, including values.

Expiring company: _____; **Expiration date:** _____;

Type of coverage: Not In Motion, Ground and Taxi, Ground and Flight, Liability only, Other _____

Physical damage amount requested : \$ _____

Property damage and bodily injury liability per occurrence \$ _____, (typical is \$1,000,000)

Bodily injury sub-limited to \$ _____ per passenger (typical is \$100,000)

Medical \$ _____ per passenger (typical is \$1000)

Lienholder/Address: _____; Amount of Lien: \$ _____

Additional Insured/Address: _____.

Please ANSWER the following and EXPLAIN any "yes" answers below or on an additional sheet of paper:

1. Will other than Named Pilots have use or receive any type of training of this aircraft? _____
2. Will aircraft be used for any purpose(s) for which a charge will be made? _____
3. Will aircraft be regularly operated from other than paved public airports? _____
4. Is there any un-repaired damage to this aircraft? _____
5. Do you need us to quote coverage outside of the Continental US? _____
6. Has any applicant(s) or Named Pilot(s) had any losses or been cancelled or declined to renew any aviation insurance? _____
7. Do you need us to quote War Risk and/or Terrorism (TRIA) coverage? _____

Additional Comments: _____

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 the Pilot History Form(s) or meet the Open Pilot Warranty, who has/have at least the certificates, ratings and experience indicated, and who, is/are properly qualified. 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. AIRWORTHINESS REQUIREMENTS - I/We understand and acknowledge that there is no coverage in flight, unless the Airworthiness Certificate is in full force and effect. Coverage may be limited &/or different during the restriction fly off period. TERRITORY may only include the Continental US.

I/We certify that all statements or representations contained on this application and Pilot History Form(s) submitted, 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 agents, 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 and Pilot History Form(s). I/We authorize SkySmith, Inc., to represent me/us in placing this insurance. I have read this application and declare that to the best of my knowledge and belief all of the foregoing statements are true and no material info. has been withheld and I/we are duly authorized to execute this application. (Kansas - This does not represent a warranty) I understand that higher levels of coverage may have been available but I have declined them. Minimum premium may apply once coverage is bound.

Memberships: AOPA # _____; EAA # _____; Other #s _____

Signature of Applicant(s) _____ Date: _____

Applicant is: Individual, Corporation, Partnership.

Applicant's interest in the aircraft is: Sole Owner; Part Owner; Lessee; Lessor.

Please return this **ORIGINAL** form and a Pilot History Form for each Named Pilot ASAP for us to get the best rates for you.