



**FRACTIONAL AIRCRAFT OWNERSHIP CONTINGENT
LIABILITY, PHYSICAL DAMAGE, DIMINUTION OF VALUE
AND EXCESS AIRCRAFT LIABILITY APPLICATION**

Insurance Provided by
Member Companies of
American International Group, Inc.

Applicant's Name: _____
 Mailing Address: _____
 Effective from _____ until _____ Both at 12:01 am standard time at the address above.
 Business of Applicant: _____ Number of years in business: _____
 Former Business Names: _____
 Applicant is: Individual Partnership Corporation Holding Company Government Other: _____
 and is owned, controlled or a subsidiary of: _____
 Is Applicant incorporated solely for the ownership of the aircraft? YES NO

COVERAGES		LIMITS OF LIABILITY
1. Contingent Aircraft Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	1. _____
2. Contingent Aircraft Physical Damage	<input type="checkbox"/> YES <input type="checkbox"/> NO	2. _____
3. Excess Aircraft Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	3. _____
4. Diminution in Value	<input type="checkbox"/> YES <input type="checkbox"/> NO	4. _____
5. Non-Owned Aircraft Liability (use Non-Owned Application)	<input type="checkbox"/> YES <input type="checkbox"/> NO	5. _____

OWNED AIRCRAFT SCHEDULE						
FAA CERT. #	MAKE & MODEL	YEAR BUILT	AIRCRAFT VALUE	% OF AIRCRAFT OWNERSHIP	INSURED'S OWNERSHIP AIRCRAFT VALUE	UNDERLYING LIMIT OF LIABILITY

1. What is your titled ownership interest?
 Sole owner of this share Joint venture in this share Holding corp. in this share

2. Is the titled owner a subsidiary of another company? YES NO
 If YES, provide name: _____

3. Do you own or have any ownership interest in any other aircraft? YES NO
 If YES, list: _____

4. Who is the aircraft leased to (Aircraft Management Company Name & Address): _____

5. Do you have a contract with the operator? If YES, attach copy. YES NO

6. What limits are included in the contract? Liability \$ _____ Physical Damage \$ _____
(schedule needed if multiple aircraft or operators)

7. Who is the insurance provider for the Aircraft Management Company? _____
 Policy Number: _____ Effective Date of Policy: _____

8. Do you or the Aircraft Management Company have any excess policies in place for the aircraft? If YES, explain: _____ YES NO

9. Are you included as: Additional Insured Named Insured on the operators policy?

10. Does the contract include a provision stating that the operator's policy will be primary coverage on your behalf? YES NO

11. What is the cancellation provision?
 You will be notified _____ days prior to cancellation. You will be notified _____ days prior to non renewal. You will be notified _____ days prior to material change in the policy.

12. Does the contract include an indemnification provision in which the operator agrees to hold you harmless and indemnify you for any and all losses arising out of the operation of the aircraft? YES NO

13. Do you ever have operational control of the aircraft, or will you ever arrange for pilots to operate the aircraft on your behalf? YES NO

14. Do any of your employees intend on being part of the flight crew? YES NO

15. Do you schedule non-owned aircraft flights from anyone other than the Aircraft operator? YES NO
 If YES, complete Non-Owned Application.

16. Have you had any aircraft losses? YES NO
 If YES, describe: _____

17. Will you use the aircraft outside the United States? YES NO

18. Will the aircraft operator use your aircraft outside the United States? YES NO
 If YES, list countries where the aircraft may be operated: _____

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO KENTUCKY APPLICANTS: 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 thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: 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 fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

Applicant Signature

Today's Date

To Be Completed By Producer

Producer: William J. Grohs Aviation, Inc.

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