

USAIG All-Clear Aircraft Insurance Application

Name of Applicant _____

Address _____

You are Individual Corporation Partnership Other, explain _____

Your business is _____

Your present aircraft insurance company is _____ Policy Expires _____

Has Applicant had any accidents or incidents? No Yes (Explain "Yes" on reverse side)

Has any insurer canceled or refused to renew any aviation insurance for you or any of your pilots? No Yes (Explain "Yes" on reverse side)

Aircraft Information

Year _____ Make and Model _____ FAA "N" No. _____

Capacity: Pass. _____ Crew _____ Standard Airworthiness Category No Yes

Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices, etc.) No Yes

Explain "Yes" answer _____

Aircraft is a landplane Yes No (describe) _____ is it usually hangared? No Yes

Aircraft is usually based at _____

Purchase date _____ Purchase price (with equipment) \$ _____ Current Value \$ _____

Engine Hours Single _____ Twin (L) _____ (R) _____ Airframe Hours _____

Explain "Yes" answers on reverse side of application.

Will any charge (other than operating expenses) be made for the use of the aircraft? No Yes

Will the aircraft be used for anything other than transporting people? No Yes

Will the aircraft be used anyplace other than at paved runway airports? No Yes

Will the aircraft be used outside the continental United States? No Yes

Do you own or exclusively lease any other aircraft? No Yes

Do you use non-owned aircraft? No Yes

Will the aircraft be used for student or pilot instruction? No Yes

Name of Instructor _____ Flight School _____

Pilot Information Data required on all pilots who will operate the aircraft.

Pilot No. 1

Pilot No. 2

Name _____						
Birthdate ____/____/____		Soc. Sec. No. _____				
Occupation _____						
Year learned to fly _____			Last Medical ____/____/____			
Last BFR ____/____/____		In Make/Model A/C _____				
FAA Pilot Certificates held <input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> _____						
Pilot-in-Command Hours						
All Aircraft		This Make & Model		S.E.	Multi	
Total	Last 12 Mo.	Last 90 Days	Total	Last 90 Days	Ret. Gr.	Eng
Total	Total	Helicopters		Seaplanes		
Jet	Turbo Prop	Piston Total	Turbine Total	S/E Total	Multi Eng. Total	
Recurrent/Transition Courses: Describe and give dates of last courses attended _____						
• Current FSI Pro Card or Simulflite Card _____						
• FAA Pilot Proficiency Award Program participant? _____ If "Yes", what phase have you completed? _____ For what type aircraft? _____ Date completed _____						

Name _____						
Birthdate ____/____/____		Soc. Sec. No. _____				
Occupation _____						
Year learned to fly _____			Last Medical ____/____/____			
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Recurrent/Transition Courses: Describe and give dates of last courses attended _____						
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EXPLAIN EACH "YES" ANSWER – With respect to each pilot...

	PILOT NO. 1		PILOT NO. 2	
As pilot, any incidents, accidents; any citations for FAR violations or license limitations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any physical impairments or limitations or waivers on Medical Certificate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any felony convictions or license suspensions arising out of operation of a motor vehicle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will anyone, other than you or the pilots shown above, use your aircraft?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Aircraft Ownership

I do not own the aircraft by myself Names and addresses of: Co-owner(s) Mortgagee(s) Lessor(s)

Amount of any lien or loan, excluding interest and/or finance charges \$ _____

Does your lienholder require lienholder's interest insurance (Breach of Warranty)? No Yes

Indicate the coverages desired.

Coverage	Limits of Coverage	
Combined Liability Coverage for bodily injury and property damage	\$ _____	Each Occurrence
Medical Coverage	\$ _____	Each Person
Aircraft Physical Damage Coverage \$	\$ _____	\$ _____
Not in-motion deductible	In-motion deductible	Limit

Use this space for answering questions.

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

NAME AND ADDRESS OF AGENT/BROKER: William J. Grohs Aviation, Inc.

Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld, I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date _____ Signature of Applicant _____



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