



AIRCRAFT INSURANCE APPLICATION
U.S. SPECIALTY INSURANCE COMPANY

P.O. BOX 797408, DALLAS, TX 75379
800 777-2378 FAX 972 447-0000

Name Insured & Address: Business or Occupation: Phone: Business ()	Producer: William J. Grohs Aviation, Inc. Waterbury-Oxford Airport - Tower Building Oxford, CT 06478-1096 Ph: 203.262.1552 or Fax: 203.262.1556 Effective Date: Business ()
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AIRCRAFT	Year/Make/Model	FAA Number	Total Seats	Engine Hours	Engine Horsepower

Aircraft usually based and Hangared Tied Down at (City & State): _____
 Airport ID: _____ Airport: _____
 Private Airport Public Airport Paved Runways? Yes No Longest Runway: _____

COVERAGES AND LIMITS	LIABILITY COVERAGES	LIMITS	PREMIUMS
D	Single Limit of Bodily Injury & Property Damage, _____cluding passengers	\$ _____ Each Occurrence	\$ _____
DL	Single Limit Bodily Injury and Property Damage Liability including limited Passenger Bodily Injury Liability	\$ _____ limited to: \$ _____ Each Passenger	\$ _____
E	Medical Payments, _____cluding crew	\$ _____ Each Person \$ _____ Each Occurrence	\$ _____
PHYSICAL DAMAGE COVERAGE		AGREED VALUE	DEDUCTIBLE
F	While Not in Motion	\$ _____	\$ _____
G	While in Motion	\$ _____	\$ _____
Other Coverages			
TOTAL ANNUAL PREMIUM			\$ _____

PURPOSE OF USE

Pleasure and Business Charter/Air Taxi Flying club
 Instruction and/or rental Commercial
 Special Uses. Defined as: _____

OWNERSHIP INFORMATION Applicant is Sole Owner without liens except as indicated:

Owner subject to lien with Lienholders Interest or Loss Payee.
 Lessee or Lessor (if a lease agreement exists, attach copy.)
 Other – explain on reverse or separate sheet

Name and Address _____ Present Amount \$ _____
 of Lienholder _____

PILOT INFORMATION	Certificates & Ratings						Total Logged Pilot Hours				Date of Last				
	A G E	S T U	R E C R	S P O R T	P V T	C O M L	Ratings	Total	Last 90 Days	RG	ME	TW	MM	MED Date	BFR Date

Open Pilot Provisions: _____
 Special Pilot Requirements: _____

- 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.
- Please use Section 3 to explain any "Yes" answers to the questions below.
- If applying for insurance on multiple aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

SECTION 1. APPLICANT SECTION

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

Name of Last or Present Aviation Insurance Company _____
 Expiration Date _____ or None

SECTION 2. AIRCRAFT/AIRCRAFT OPERATIONS SECTION

- | | | |
|--|------------------------------|-----------------------------|
| A. Does the aircraft have other than a standard airworthiness certificate in full effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Are there any other aircraft owned by the Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Has aircraft been equipped with any modifications not provided by manufacturer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Do you anticipate aircraft to be operated outside the continental United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Will aircraft be normally operated from other than paved public airports? | <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 Pilot Section on reverse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Will other than the Applicant and pilots listed in Pilots on reverse have use of aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Will aircraft be used for any purpose(s) for which a charge is made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Is there any unrepaired damage to aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J. Has Applicant had any aircraft/aviation losses or claims? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L. Has any pilot named above had any convictions, suspensions, or revocations for, FAR violations, use or possession of drugs, or reckless or drunk driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. Has any pilot named above ever been involved in any accident or incident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N. Has Applicant or any pilot named above ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 3. REMARKS

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above)

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 to 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 representative, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification 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 owners of the property.

I/We Authorize _____ to represent me/us in placing this insurance.

Date _____ Applicant's Signature _____