

**NASON ASSOCIATES, INC.**

6811 Shawnee Mission Parkway, #312  
 Overland Park, KS 66202  
 Phone: 913-677-1550

Agent or Broker \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**AIRCRAFT INSURANCE APPLICATION**

Named Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Business or Occupation: \_\_\_\_\_  
 Residence Phone Number \_\_\_\_\_ Business \_\_\_\_\_

AIRCRAFT Year, Make & Model	FAA Number	Total Seats Crew/Passengers

Aircraft usually based and Airport: \_\_\_\_\_  
 Hangared  Tied Down at (City & State): \_\_\_\_\_  
 Private Airport  Public Airport Paved Runways?

**COVERAGES AND LIMITS**

LIABILITY COVERAGE	LIMITS		Premiums
	Each Person	Each Occurrence	
A. Single Limit of Bodily Injury & Property Damage: ___ Including passengers ___ Excluding passengers	Limiting Each <input type="checkbox"/> Person or <input type="checkbox"/> Passenger to \$ _____ \$ _____ Each Occurrence		\$ _____
B. Medical Payments: ___ Including crew ___ Excluding crew	\$ _____	\$ _____	\$ _____
PHYSICAL DAMAGE COVERAGE	Agreed Value	Deductible	
C. While Not In Motion	\$ _____	\$ _____	\$ _____
D. While In Motion	\$ _____	\$ _____	\$ _____
Other Coverage:			\$ _____

**PURPOSE OF USE**

- Pleasure and Business       Industrial Aid       Limited Commercial  
 Commercial Ex Instruction or Rental       Commercial       Flying Club  
 Special Uses - Defined as: \_\_\_\_\_

**OWNERSHIP INFORMATION**

Applicant if Sole Owner without liens except as indicated:

- Owner subject to lien with       Lienholders Interest      or       Loss Payee  
 Lessee or       Lesser (if a lease agreement exists, attach a copy)  
 Other - Explain on reverse or use separate sheet

Name & Address \_\_\_\_\_ Present  
 of Lienholder \_\_\_\_\_ Amount of \$ \_\_\_\_\_

**PILOT INFORMATION**

Certificates & Ratings

Total Logged Pilot Hours

Name	Age	Stu	Pvt	Cml	ATP	Ratings	Total	Insured	M/M	RG	TW	Multi Eng	MED	BFR

INSURED'S MEMBERSHIP # (AOPA, EAA, COPA, ABS, etc.) \_\_\_\_\_

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.  
 If applying for insurance on multi aircraft, answers apply to all aircraft unless an exception is noted by FAA number.

**SECTION 1. APPLICANT SECTION**

Applicant is  Individual  Corporation  Co-Ownership/Partnership

(Name all partners)

Name of  Last or  Present Aviation Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_ or  None

**SECTION 2. AIRCRAFT OPERATIONS SECTION**

- A. Does the aircraft have OTHER than a standard airworthiness certificate in full effect? A  Yes  No
- B. Are there any other aircraft owned by the applicant or does the insured operate a non-owned aircraft? B  Yes  No
- C. Has the aircraft been equipped with any modifications not provided by manufacturer? C  Yes  No
- D. Do you anticipate aircraft to be operated outside the continental United States? D  Yes  No
- E. Will aircraft be normally operated from OTHER than paved public airports? E  Yes  No
- F. Will aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the Pilot Section on reverse? F  Yes  No
- G. Will other than applicant and pilots listed in Pilot Section on reverse have use of the aircraft? G  Yes  No
- H. Will aircraft be used for any purpose(s) for which a charge is made? H  Yes  No
- I. Is there any unrepaired damage to the aircraft? I  Yes  No
- J. Has applicant had any aircraft/aviation losses/claims during the last three years? J  Yes  No
- K. Has any insurer cancelled, declined or refused to renew any aviation insurance for the applicant? K  Yes  No
- L. 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? L  Yes  No
- M. Has any named pilot had any convictions, suspensions, or revocations for FAR violations, use or possession of drugs, or reckless or drunk driving? M  Yes  No
- N. Has any named pilot ever been involved in any accident or incident? N  Yes  No
- O. Has applicant or any named pilot ever been convicted of a felony? O  Yes  No
- P. If aircraft is a Turbo Prop or Turbo Jet furnish the following: Estimated Annual Utilization of aircraft: \_\_\_\_\_  
Average passenger load in aircraft: \_\_\_\_\_  
Percentage breakdown: Employer \_\_\_\_\_ % vs. Guest \_\_\_\_\_ %

**SECTION 3. REMARKS**

Please explain any "Yes" answer in the space below referring to SECTION & ITEM (above). Use separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 for 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 representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualifications 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 owner(s) of the property.

**Fraud Warning:** 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 hereto commits a fraudulent insurance act, which is a crime.

I/We authorize \_\_\_\_\_ to represent me/us in placing this insurance.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_