

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 & Address: _____ Insurance Company: _____

 Effective Date: _____
 Business or Occupation: _____
 Phone: Residence _____ Business _____

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

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

| LIABILITY COVERAGE | LIMITS | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| | Each Person | Each Occurrence | Premiums |
| 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 _____