

# OWNED AIRCRAFT INSURANCE APPLICATION



RT Specialty  
 12404 Park Central Suite 380  
 Dallas, Texas 75251  
 Phone: 214-865-7200  
 Fax 214-855-7794

Named Insured & Address:		Current Insurance Company:	
E-Mail Address:		Effective Date:	
Business Occupation:			
Insurance is requested from: 12:01 AM to 12:01 AM			
Phone: Residence ( )	Phone: Business ( )	Phone: Cell ( )	

**AIRCRAFT**      Land ( ) Sea ( ) Amphib ( )

Year	Make & Model	FAA Number	Total Seats		Engine H.P.
			Crew	Pass.	

Aircraft usually based and ( ) Hangared ( ) Tied Down at (Airport Name): \_\_\_\_\_

Airport: I.D./Identifier: \_\_\_\_\_ ( ) Private Airport ( ) Public Airport Paved Runways Yes ( ) No ( )

Are any flights contemplated outside continental U.S.? ( ) Yes ( ) No If "Yes", where: \_\_\_\_\_

**COVERAGES AND LIMITS**

<b>LIABILITY LIMITS DESIRED</b>	
Combined Single Limit Bodily Injury and Property Damage Including Passengers (Select One):	
( ) \$ 500,000 Each Accident and/or Occurrence	\$100,000 Bodily Injury Insurance, Each Passenger
( ) \$1,000,000 Each Accident and/or Occurrence* <b>* (Most Common Selection)</b>	\$100,000 Bodily Injury Insurance, Each Passenger*
( ) \$1,000,000 Each Accident and/or Occurrence	\$200,000 Bodily Injury Insurance, Each Passenger
( ) \$1,000,000 Each Accident and/or Occurrence	No Sublimit for Bodily Injury Insurance for Each Passenger
( ) \$2,000,000 Each Accident and/or Occurrence	\$200,000 Bodily Injury Insurance, Each Passenger
( ) \$2,000,000 Each Accident and/or Occurrence	No Sublimit for Bodily Injury Insurance for Each Passenger
Other Liability Limit Please Specify	
Medical Payments Including Crew	( ) \$ 3,000 Per Person ( ) \$ 5,000 Per Person ( ) \$10,000 Per Person
<b>PHYSICAL DAMAGE COVERAGE</b>	Current Value Of Aircraft: \$  Current Deductible: \$  Float Value: \$



**ANDREWS**  
INSURANCE AGENCY  
WE'VE GOT YOU COVERED

**USAGE AND OPERATION**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pleasure and Business                       | <input type="checkbox"/> Industrial Aid | <input type="checkbox"/> Instruction and Rental |
| <input type="checkbox"/> Commercial Excluding Instruction and Rental | <input type="checkbox"/> Commercial     | <input type="checkbox"/> Flying Club            |
| <input type="checkbox"/> Low Altitude Photography                    | <input type="checkbox"/> Air Ambulance  | <input type="checkbox"/> Air Hearse             |
| <input type="checkbox"/> Patrol Flights                              | <input type="checkbox"/> Banner Towing  | <input type="checkbox"/> Crop Dusting           |
| <input type="checkbox"/> Instruction of: (Name of Student):          |   |   |
| <input type="checkbox"/> Special Uses – Please Describe:             |   |   |

**OWNERSHIP INFORMATION**

Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Owner subject to mortgage or conditional sales contract. <input type="checkbox"/> Lessee <input type="checkbox"/> Other – explain
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-Ownership/Partnership
If aircraft is encumbered, name and address of lienholder or lessor:
Amount of encumbrance (excluding interest and finance chargers): \$
Will Lienholder's Interest be required by lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PILOT INFORMATION (Please have each pilot fill out a copy of the Pilot Questionnaire pages 4, 5, and 6)**

Pilot's Name	Pilot's Age
1	
2	
3	
4	

**SUPPLEMENTAL QUESTIONS**

Does the aircraft have OTHER than a standard airworthiness certificate in full effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other aircraft owned by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the aircraft been equipped with modifications not provided by the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the aircraft be normally operated in OTHER than paved public airports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the "Pilot Information" Section of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will other than the applicant and pilots listed in the "Pilot Information" Section of this application have use of the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will aircraft be used for any purpose (s) for which a charge is made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any un-repaired damage to the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been involved in any aircraft accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been cited for violation of any aviation regulation in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever had an FAA, Military, or other pilot certificate suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant or any pilot listed in the "Pilot Information" Section of this application have any; (a) physical impairments, (b) waivers, limitations, conditions on their medical certificates or on their airman certificates? If "Yes" please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been convicted of or plead guilty to a felony, possession of	

drugs, or of driving while intoxicated? ( ) Yes ( ) No

Any Claims in the last 5 years? ( ) Yes ( ) No If Yes Claim amount: \$

Please Explain any "Yes" answer in the space below or on a separate sheet of paper:



ANDREWS INSURANCE AGENCY WE'VE GOT YOU COVERED

ADDITIONAL COMMENTS OR DESCRIPTIONS.

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 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 \_\_\_\_\_

AIRWORTHYNESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate in full effect

INITIAL \_\_\_\_\_

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the Insurer. I hereby authorize the insurer to investigate all or any qualifications and/or statements contained herein.

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.

Date: \_\_\_\_\_ Applicant's Signature (s): \_\_\_\_\_

Insurance Broker or Agent's Signature: \_\_\_\_\_

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.



## PILOT QUESTIONNAIRE

**Please have each pilot fill out a copy of this form**

Name of Aircraft Owner:	
Name of Pilot:	Date of Birth:
Address:	
Pilot's Occupation:	
Employer:	Date Employed:

### Check All Certificates and Ratings Currently Held

<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Instrument <input type="checkbox"/> Commercial <input type="checkbox"/> Instructor	<input type="checkbox"/> Airline Transport <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Multi-Engine Sea	<input type="checkbox"/> Rotorwing <input type="checkbox"/> Centerline Thrust <input type="checkbox"/> Mechanic Airframe <input type="checkbox"/> Mechanic Powerplant <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Type Rating (Specify Aircraft)
---	--	--	--

Airman's Certificate No:	Date Certified:	
If Student: (Name of instructor or FBO) (Instruction airport location)		
Date of Last Medical:	Class of Medical: <small>(Not applicable for Light Sport Aircraft)</small>	
Medical Waivers <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please explain:		
Date of Last Biennial Review :	Type of Aircraft Used:	Date of Last Simulator Instruction:
Manufacturers Ground and Flight School Attended and Dates:		
AOPA Membership #:		EAA Membership #:



**ANDREWS**  
INSURANCE AGENCY  
WE'VE GOT YOU COVERED

## FLYING EXPERIENCE

Please show flying experience in logged hours, do not group different aircraft of the same type in the category for the make and model on which approval is being sought. If hours cannot be substantiated by log books, please explain how hours have been verified/reconstructed.

Single Engine Aircraft					
Make and Model of Aircraft	Pilot in Command	Co-Pilot/Dual Instruction	Total Time	Total Last 12 Months	Total Last 90 Days
<b>Total Tailwheel:</b>			<b>Total All Single Engine:</b>		
Multi Engine Aircraft & Jet Aircraft					
Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
<b>Total Retractable Gear:</b>			<b>Total Multi-Engine:</b>		
Seaplanes and Helicopters					
Make and Model of Aircraft	Pilot in Command	Co-Pilot	Total Time	Total Last 12 Months	Total Last 90 Days
			<b>Total Sea/Helo:</b>		
<b>TOTAL ALL AIRCRAFT</b>					

## AIRCRAFT ACCIDENTS

Have you ever been involved in an aircraft accident? ( ) Yes ( ) No

If Yes please explain:

Location	Date	Make and Model	Remarks



**ANDREWS**  
INSURANCE AGENCY

WE'VE GOT YOU COVERED

**Please Explain Circumstances If:**

1. If you have a physical impairment, waiver, limitation, or conditions on your Medical or Pilot Certificate.
2. If an FAA, Transport Canada, Military Pilot or other similar Certificate held by you has been suspended or revoked.
3. If you have ever been cited for a violation of any aviation regulation in any country.
4. If you have ever been convicted of or pleaded guilty to a felony or driving while intoxicated.

Explanations:

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the Insurer. I hereby authorize the insurer to investigate all or any qualifications and/or statements contained herein.

Date:

Applicant's Signature (s):