

AGRICULTURAL INSURANCE APPLICATION

Named Insi	ured :			Years in Busin	ess:				
Address:									
Effective D	41001								
	erial Application Experience:								
Applicant Is				☐ Holding Compa	ıny	Government	☐ Othe	r	
Is Applican	t Incorporated Soley for Owne	ership of the Aircr	aft?	☐ Yes ☐ No					
			AIR	CRAFT					
N #	Aircra	ft Make and Mode	ş i			Year		Total Seats	
	5.0	1		11411 - 41 - 1 - 44					
N #	Estimated Value of Aircraft	Storage		Utilization Last 1 Months	12	Estimated Utilization Next 12 Months		Last Annual	
	Anoran			months		TOXE 12 III	Jiitiio		
		Main Airpon		RPORT all Supplemental Airports					
Id	lentifier – City, State	Runway Leng	th	h Paved Runways? Public or Private?			Chemical Loading Pad?		
	AEDIAL	ADDI ICATIONI	CHE	MICAL LIADITLITY	(CO)	VED ACES			
N. #		APPLICATION	CHE	MICAL LIABITLITY					
N #	Coverage			Each Pe		mits of Liability			
	Bodily Injury Liability Excluding	g Passengers	Each Occurrence						
			Aggregate Limit						
	Property Damage Liability		Each Occurrence						
	Single Limit Property Damage & Bodily Injury,			Each Occurrence / Aggregate					
	Excluding Passengers								
Check Api	propriate Chemical Category:	☐ XC-seeds and	l fertili	izer only RC-Re	estricte	ed Chemical	Picloram		
	mprehensive Chemical, includin							Ground Rigs	
	1	NON-CHEMIC	AL L	IABILITY COVERA					
N #	Coverage				Li	mits of Liability			
	Combined Single Limit Bodily Damage – Excluding Passeng	Each Occurrence							
	Combined Single Limit Airport		F 10						
	Injury & Property Damage		Each Occurrence						
	Medical Payments – Including	Crew/Premises	Each Person						
	,			Each Oo	ccurre	ence			
			-						

AIRCRAFT INSURANCE APPLICATION SECTIONS							
 If you answer "yes" to any questions in the following sections, please explain in the remarks section. If additional space is needed, attach another sheet of paper and refer to the item being answered. If applying for insurance on more than one aircraft, answers apply to all aircraft unless an exception is noted. 							
AIRCRAFT / AIRCRA	AFT OPERATIONS SECTION						
AINONA I I AINONA	ALI OF ERATIONS SESTION	Yes	No				
A) Has the applicant or any of the pilots named above had any	citations or suspensions?		$\frac{\Pi}{\Box}$				
B) Has the applicant had any aircraft / aviation losses, claims, o		一	一一				
	r had paid on their behalf any settlement claims arising out of						
D) Has any such claim been made that is still unsettled?							
E) Has any insurer cancelled, declined, sent notice of cancellati	ion, or refused to renew the applicant's aviation insurance?						
F) Are there any other aircraft owned by, rented or used by or o and the number of hours per year.							
AERIAL APPLI	CATION INFORMATION						
List all states where you conduct aerial application:							
Describe applicants violation of any law or regulation governing a							
Describe any owned / operated ground spraying equipment and ty	ype of use:						
Show the percentage each represents to the total: Application of:							
Glyphosate % Piclorams % Hormone Her	rbicides % Insecticides % Other %						
Application to: Orchards/Groves % Vineyards % Forest/Tree Farms % Exotic Fruits/Vegetables % Other %							
Mosquito Control:	Aquatic Chemical Application:						
% of work during the year	Non-Moving Water % of work during the year						
contracts per year	contracts per year						
limits required	limits required						
	Moving Water % of work during the year						
	contracts per year						
	limits required						
ADDITIONAL INTE	RESTS OR LIENHOLDERS						
Nature of Interest:	If Other, Describe:						
Company:	Current Lien Amount						
Name:							
Address:							
Nature of Interest:	If Other, Describe:						
Company:	Current Lien Amount						
Name:							
Address:							
Nature of Interest:	If Other, Describe:						
Company:	Current Lien Amount						
Name:							
Address:							
R	EMARKS						

Name of last Aircraft Insurance carrier? Exp. Date: Has any Insurance Company or Underwriter at any time declined and aircraft application submitted by or cancelled or refused to renew and aircraft policy held by the applicant or any of the pilots named herein?	LOSS HISTORY								
Name of last Aircraft Insurance carrier? Exp. Date: Has any Insurance Company or Underwriter at any time declined and aircraft application submitted by or cancelled or refused to renew and aircraft policy held by the applicant or any of the pilots named herein? Yes No If so, explain. PLEASE READ AND INITIAL MINIMUM PILOT REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the aircraft is being operated by the pilot(s) designated on this document or on the policy who has/have at least the certificate, rating, and pilot experience indicated and who is/are properly rated and qualified for the flight involved. USE REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted a involvent. INITIAL Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and situplations herein have been accepted by the insurance company. There is no liability under this Application and or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company; sentiled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company; sentiled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company; the insurance company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy current		Description		Amount P	aid	Defense Costs		Rose	arved
Has any Insurance Company or Underwriter at any time declined and aircraft application submitted by or cancelled or refused to renew and aircraft policy held by the applicant or any of the pilots named herein? Yes No If so, explain. PLEASE READ AND INITIAL	Occurred	Description		Amount	aiu	Defense Costs	Amount	INCOC	JI VCU
Has any Insurance Company or Underwriter at any time declined and aircraft application submitted by or cancelled or refused to renew and aircraft policy held by the applicant or any of the pilots named herein? Yes No If so, explain. PLEASE READ AND INITIAL	Name of last Ai	rcraft Insurance carrier?	Exp. Date:						
PLEASE READ AND INITIAL MINIMUM PILOT REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the aircraft is being operated by the pilot(s) designated on this document or on the policy who has/have at least the certificate, rating, and pilot experience indicated and who is/are properly rated and qualified for the flight involved. WISE REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and situlations of the policy(s) in current use by the insurance company. There is no liability under this Application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. Service of the premium payment check, Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or Policy is in force. Short rate cancellation charges may apply. 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	Has any Insura	nce Company or Underwriter a		ed and aircraft ar	pplication	n submitted by or o	ancelled or refuse	ed to rene	w and
MINIMUM PILOT REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the aircraft is being operated by the pilot(s) designated on this document or on the policy who has/have at least the certificate, rating, and pilot experience indicated and who is/are properly rated and qualified for the flight involved. WER REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that	•		•		· —	•			
MINIMUM PILOT REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the aircraft is being operated by the pilot(s) designated on this document or on the policy who has/have at least the certificate, rating, and pilot experience indicated and who is/are properly rated and qualified for the flight involved. WER REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that									
operated by the pilot(s) designated on this document or on the policy who has/have at least the certificate, rating, and pilot experience indicated and who is/are properly rated and qualified for the flight involved. WER REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages of this Application are true and corr			PLEAS	E READ AND I	NITIAL				
INITIAL WORTHINESS REQUIREMENTS: IWe understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: IWe understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurence Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all stateme									
USE REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. I/We further agree that the Insurance Company or their representatives					ist the cer	tificate, rating, and p	ilot experience	NITIAL:	
other than the use designated on this document. AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by Wings Insurance, or if the Insured Soank fails to honor the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. I/We further agree that the Insurance Company or their representatives, at their option, but without obligatio					liooblo if	the circreft is used for	or only nurnoss		
AIRWORTHINESS REQUIREMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate restricted airworthiness certificate is in full force and effect. → Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. There is no liability under this Application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. → It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. → I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. → I/We further agree that the Insurance Company or their representatives, at their option, but without oblig			wiedge that there	is no coverage app	DIICADIE II	the alliciant is used it	l arry purpose	NITIAL:	
Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. If We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.		AIDWOPTHINESS PEOLIDEMENTS: I/We understand and acknowledge that there is no coverage applicable unless the appropriate							
There is no liability under this Application unless the terms, conditions and stipulations herein have been accepted by the insurance company. The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.		restricted airworthiness certificate is in full force and effect.							
The insured may cancel this application and/or Policy by written notice of surrender to the Insurance Company shown in item 3 stating when cancellation will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
will be effective. The Insurance Company may cancel this Application and Binder (if issued), by giving notice to the insured in accordance with the policy conditions. The Insurance Company is entitled to charge a premium for this Application and Binder (if issued) as specified by the policy currently in use by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.	- : : :								
by the Insurance Company. It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by Wings Insurance, or if the Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.			to charge a premiu	ım for this Applicat	ion and B	inder (if issued) as s	pecified by the polic	y currently	in use
Insured's bank fails to honor the Insured's premium payment check, Wings Insurance, shall have the right to request cancellation for non-payment of premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
premium of the binder (if issued) or subsequent policy. The insured will be responsible for payment of any charges incurred for the period the Binder (if issued) or Policy is in force. Short rate cancellation charges may apply. We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
I/We certify that to the best of my/our knowledge all statements or representations contained on all pages 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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
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 the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.	issued) or Policy is in force. Short rate cancellation charges may apply.								
currently in use by the insurers shall be the basis of any contract between the Insurance Company and me/us. 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
/ 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 statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
deems necessary, any qualifications or statements contained in this Application. I/We authorize Wings Insurance to represent me/us in placing this insurance.									
DATE: APPLICANT'S SIGNATURE:	insurance.								
	DATE:	A	PPLICANT'S SI	GNATURE:					

PLEASE SEE ATTACHED PILOT FORMS



PILOT EXPERIENCE FORM

The information currently on file is denoted. Please review for accuracy and completeness, sign & date form and return to our office.

Incomplete forms will be returned

Name of Insured:				Phone No. (W):					
PILOT'S NAME:				(H):					
Address:				Mobile:					
				Email:					
Date of Birth / (Age):				Preferred Method of Communication:					
Marital Sta	atus:		[☐ Email ☐ Phone ☐ Mail					
Occupa	tion:		Emp	loyer / Duration:					
AOPA Member #:		Airman's Certificate #			EAA Memb				
Coverage may be invalida	ted if the pilot of the ins	ured aircraft does not comply w	ith medical	certificate and pile	ot proficiency reg	ulations as n	nandated by the		
FAA and/or your insurance	e company.								
		CERTIFICATES	AND RA	TINGS					
Student	Commercial	CFII [] Multi-	Engine Land		Helicopte	r 🗆		
Recreational	ATP	CFIMEI [-	e Engine Sea		Gilder			
Private	CFI 🔲	Single Engine Land] Multi-	Engine Sea		Instrumer	nt Rating		
Type Ratings & Date:			•	-		•	-		
Me	edical Date:		Medical C	Class:					
Flight Ro	eview Date:		Flight Re	view Completed	In:				
AERIAL APPLICATION									
Number of years exper	ience as an aerial ac		LIOATI	<u> </u>					
% Applying He		% Applying Insecticide	S						
List states you are curr									
	•	y State Aerial Applicator Cer	rtificate he	eld by you:					
Date of last PAASS Co		11							
		TOTAL LOGGED	PILOT I	HOURS					
		Hours				F	ours		
TOTAL TIME:			Rotor Wir	na:		-			
Pilot in Command:				Turbine Rotor Wing:					
Second in Command:				ed Wing Aerial A					
Multi-Engine Land				otal Rotor Wing Aerial Application:					
Instrument (both Actual & Simulated):			Total Seaplane:						
·			Multi-Eng	ulti-Engine Seaplane:					
				ingle Engine Turbo Prop:					
				I Aircraft - Last 90 Days:					
Conventional Gear (Ta	il Wheel):	All Aircraft - Last 12 Months:							
APPLICANT REQUESTS APPROVAL IN THE FOLLOWING MAKE & MODEL OF AIRCRAFT									
7.11			322011		ecurrent Trainin				
Make & Model of aircraft insured		Tatal Haura	Last 12						
		Total Hours	Months	Yes/No	vvnere		When		
<u> </u>		L		ı L					

	PLEASE EXPLAIN ANY "YES" ANSWERS IN THE REMARKS SECTION.								
		Yes	No						
1) Do you hold a current FSI Pro Card or Simuflite Card?									
2)	Do you participate in FAA Pilot Proficiency Award Program?								
3)	Please list Refresher/Transition Courses below. Describe and give dates of last course attended.								
4) Are you flying under a medical waiver?									
5)	Have you ever had an Aircraft Accident/Incident or been penalized for an FAR violation?								
6) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?									
7) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?									
8) Has your driver's license ever been suspended or revoked?									
Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?									
Date: Pilot's Signature:									
	FRAUD WARNING : It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.								
PILOT EXPERIENCE REMARKS									