



AIRCRAFT INSURANCE APPLICATION

Named Insured (Applicant) and Address:

Name

Street Address

City, State Zip

AIRCRAFT

| N-Number | Year. | Make and Model | # of Seats | Insured Use | Based Airport | Storage |
|----------|-------|----------------|------------|-------------|---------------|---------|
|----------|-------|----------------|------------|-------------|---------------|---------|

COVERAGES

| # | Coverage | Deductibles |
|--|-----------------|--------------|
| Hull Physical Damage Ground and Flight: \$ | Insured Value | Enter Amount |
| Liability Limits Requested: \$ | Each Occurrence | Enter Amount |
| Medical Payments: \$ | Each Person | Enter Amount |

PILOT INFORMATION

Pilot's Names

AIRCRAFT / AIRCRAFT OPERATIONS SECTION

- If you answer "yes" to any questions below, please explain in the remarks section.
- If applying for insurance on more than one aircraft, answers apply to all aircraft unless an exception is noted.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the aircraft been equipped with any modifications requiring a Supplemental Type Certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you anticipate the aircraft to be operated outside the continental United States? If so, where? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any unrepaired damage to the aircraft? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the aircraft be used for any purpose(s) for which a charge is made? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the aircraft be used for other than the transportation of person (such as hunting, aerial applications, research, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the aircraft be used for student or pilot instruction other than for recurrent training of pilots listed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the aircraft be routinely operated from other than paved public airports? If so, where? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any insurer cancelled, declined or refused to renew any aviation insurance for the applicant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant had any aircraft/aviation insurance claims/losses/accidents/incidents? Please record any in Loss History |

REMARKS

Explain

LOSS HISTORY

Provide the following information: Description of loss, Date of loss, Amount Paid

ADDITIONAL INTERESTS

Enter Name & Address of Additional Interests

PLEASE READ AND INITIAL

| | | |
|---|-----------------|--|
| Use Requirements: I/We understand and acknowledge that there may be no coverage applicable if the aircraft is used for any purpose other than the use designated on the policy. | Initial: | |
| 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 the application and the policy currently in use by the insurers shall be the basis of any contract between the Insurance Company and me/us. | Initial: | |
| I/We 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 Rocky Aviation to represent me/us in placing this insurance. | Initial: | |
| <ul style="list-style-type: none"> ▪ 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. ▪ The insured may cancel this application and/or policy by written Notice of Surrender to the Insurance Company stating when cancellations 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 Rocky Aviation, or if the Insured's bank fails to honor the Insured's premium payment check, Rocky Aviation, 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. | | |

DATE:

APPLICANT'S SIGNATURE: