

EPIC Code: \_\_\_\_\_

## AVIATION INSURANCE APPLICATION

Name of Applicant: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

ABS: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

EAA: \_\_\_\_\_

Contact Phone # Cell: \_\_\_\_\_ BUS: \_\_\_\_\_ RES: \_\_\_\_\_

MAPA: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

USAA: \_\_\_\_\_

AOPA: \_\_\_\_\_

### AIRCRAFT

F.A.A. Reg. No.	Year Built	Aircraft Make & Model	Total Seats <small>(Including Crew)</small>	Agreed Value	Physical Damage Coverage <small>(FF/GNIM/ Liability only/ Ground only)</small>	Deductibles	
						Not In Motion	In Motion

Hours Aircraft Used Annually: \_\_\_\_\_ Hours on Engine Since Major Overhaul: \_\_\_\_\_ Date of Last Annual Inspection: \_\_\_\_\_

Aircraft is principally:  Hangared  Tied Airport Name: \_\_\_\_\_ Please Enter Airport ID: \_\_\_\_\_

### LIABILITY COVERAGES AND LIMITS

	Aircraft 1		Aircraft 2	
	Each Passenger	Each Occurrence	Each Passenger	Each Occurrence
Combined Liability for Bodily Injury and Property Damage Including Passengers	\$	\$	\$	\$
Medical Payments Including Pilot	\$	\$	\$	\$

### PURPOSE OF USE

There is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

**P&B: used in business, including personal and pleasure uses, but excluding any operation for hire or profit.**

**Other:** \_\_\_\_\_

### OWNERSHIP INFORMATION

Applicant is Sole Owner without liens except as indicated:

Owner subject to lien  Lessee  Lessor  Other — Explain on Page 2  Breach of Warranty Included?

Lien holder: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_

### PILOT INFORMATION

NAME OF PILOT(s)	D.O.B	PILOT CERTIFICATES & RATINGS										TOTAL HOURS	RETRACT GEAR	TAIL WHEEL	MULTI ENGINE	TURBO-PROP	ROTOR WING	TOTAL MAKE & MODEL IN SAME SERIES	TOTAL LAST 12 MONTHS	MAKE & MODEL LAST 12 MONTHS	DATES OF LAST		
		STU	PVT	COM	ATP	ASEL	AMEL	IFR	RW	CFI	MED										BFR		

Open Pilot Warranty: \_\_\_\_\_

# AVIATION INSURANCE APPLICATION



## SECTION 1. APPLICANT SECTION

Applicant is:

Individual  Corporation  Partnership  Other: \_\_\_\_\_

Name of Last/Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## SECTION 2. AIRCRAFT OPERATIONS SECTION

(REVIEW & ANSWER CAREFULLY)

- A. Does the aircraft have other than a standard airworthiness in full force and effect?  YES  NO
- B. Has aircraft been equipped with any major modifications not provided by manufacturer?  YES  NO
- C. Will aircraft be used for student or pilot instruction other than for training of pilots listed in Pilot Section above?  YES  NO
- D. Will other than the applicant and pilots listed in Pilots Section have use of the aircraft?  YES  NO
- E. Will aircraft be used for any purposes(s) for which a charge is made?  YES  NO
- F. Is there any unrepaired damage to the aircraft?  YES  NO
- G. Has applicant had any aircraft or aviation losses/accidents/claims during the last three years?  YES  NO
- H. Has any insurer canceled, declined or refused to renew any aviation insurance for applicant?  YES  NO
- I. Does any pilot named above have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their medical certificate?  YES  NO
- J. Has any pilot named above had any felony convictions, including DUI/ DWI or reckless driving, or use or possession of drugs, or FAR violation or suspension or revocations of pilot's license?  YES  NO
- K. Do you anticipate aircraft to be operated outside the continental United States?  YES  NO
- L. Will aircraft be normally operated from other than paved public airports?  YES  NO
- M. Has any pilot named above been involved in any accident or incident within the past 5 years?  YES  NO
- N. Are there any other aircraft owned by the applicant?  YES  NO

## SECTION 3. REMARKS

Please explain any "Yes" answer in the space below referring to **SECTION & ITEM** (above):

\_\_\_\_\_

G. Losses year, date, amount paid: \_\_\_\_\_

## PLEASE READ AND SIGN

I/We understand that there is no coverage 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.

I/We certify that all statements or representations contained on both 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 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 qualification 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 owners of the property. I/We authorize Falcon Insurance Agency, Inc. to represent me/us in placing this insurance.

**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 thereto commits a fraudulent act, which is a crime.

Date: \_\_\_\_\_ Applicants Signature \_\_\_\_\_

**FALCON INSURANCE AGENCY, INC**

1001 WATER STREET, BLD K, STE 100

KERRVILLE, TX 78028

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