

RENEWAL QUESTIONNAIRE/SINGLE ENGINE AIRPLANES

NAME OF POLICYHOLDER/AIRCRAFT OWNER:	
Aircraft usually based at	<input type="checkbox"/> Hangared; <input type="checkbox"/> Tied-down
Describe Tie Downs (ground, attachments, lines, etc.)	
If aircraft based or operated regularly out of a private strip-complete following: Name/Location <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved Type of Surface Length Width	
Purpose of use: Check uses to which policy is to apply: <input type="checkbox"/> Pleasure %; Private Business (Transportation only-no charge) % <input type="checkbox"/> Instruction of <input type="checkbox"/> Corporate/Executive (flown by hired professional pilots employed for this purpose) <input type="checkbox"/> Use for which charge is made. Explain <input type="checkbox"/> Other uses. Explain	
Is aircraft operated outside United States? <input type="checkbox"/> No <input type="checkbox"/> Yes Where? How often?	

INSURED VALUE OF AIRCRAFT REQUESTED AT RENEWAL \$	
Name and address of Lienholder or Lessor:	
Amount of Encumbrance \$	(Excluding interest and finance charges) Will Breach of Warranty Coverage be required? <input type="checkbox"/> No <input type="checkbox"/> Yes

THIS INFORMATION IS REQUIRED FOR EVERY PILOT WHO WILL OPERATE THE AIRCRAFT DURING THE POLICY TERM.

NAME OF PILOT	Date Of Birth	Pilot Certification and Ratings								Medical Certificate		Hours Logged as Pilot in Command					
		Stud.	Pvt.	Com'l.	ASEL	AMEL	Instrument.	ATP	Other	Date of Last Physical	Class	Total	In Aircraft Model To Be Insured	Retract Gear	Multi-Engine	Last 90 Days	Last 12 Mos.
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

	Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4
FAA Certificate No.:				
Date of Most Recent Biennial Flight Review:				
Conducted By:				
Estimated flight hours next 12 mos.:				

Explain Circumstances if:

- Any pilots named above have any: (a) physical impairments,
(b) waivers, limitations, or conditions on their medical certificate or on their pilot certificates
- An FAA, military or other pilot certificate held by any pilot named above has ever been suspended or revoked
- Any pilot named above has ever been cited for violation of any aviation regulation in any country
- Any pilot named above has ever been involved in any aircraft accident
- Any pilot named above has ever been convicted of or pleaded guilty to a felony or driving while intoxicated

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

ARKANSAS AND LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY 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 insurance act, which is a crime.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that such person is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: WARNING: Any person who knowingly, and with intent to injure. Defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE AND VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Policyholder's Signature(s) _____

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