



**PILOT QUOTE.COM
AVIATION AIRCRAFT
INSURANCE APPLICATION**



Blais Aviation Insurance is a strategic partner of Pilot Quote.com and manages the placement and service of all Pilot Quote.com clients aircraft insurance coverage's.

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: Fax ()	

AIRCRAFT

Year, Make & Model	FAA Number	Total Seats	Engine Hours	Engine Horsepower

Aircraft usually based and () Hangared () Tied Down at (City & State): _____

Airport: _____ () Private Airport () Public Airport Paved Runways Yes () No ()

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

COVERAGES AND LIMITS

LIABILITY COVERAGE	Each Person	LIMITS Each Occurrence	Premiums
A. Bodily Injury, excluding passengers	\$	\$	\$
B. Passenger Bodily Injury	\$	\$	\$
C. Property Damage	XXXXXX	\$	\$
D. Combined Single Limit Bodily Injury and Property Damage, () Including Passengers () Excluding Passengers	Limiting Each () person or () Passenger to \$		\$
E. Medical Payments: _____cluding Crew	\$	\$	\$
PHYSICAL DAMAGE COVERAGE	Insured Value	Deductible	
F. While Not In Motion	\$	\$	\$
G. While In Motion	\$	\$	\$
Other			\$

USAGE AND OPERATION

- Pleasure and Business
- Commercial Excluding Instruction and Rental
- Low Altitude Photography
- Patrol Flights
- Instruction of: (Name of Student):
- Special Uses – Please Describe:
- Industrial Aid
- Commercial
- Air Ambulance
- Banner Towing
- Limited Commercial
- Flying Club
- Air Hearse
- Crop Dusting

OWNERSHIP INFORMATION

Applicant is: Sole Owner Owner subject to mortgage or conditional sales contract. Lessee Other – explain

Applicant is: Individual Corporation Limited Liability Corporation 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? Yes No

PILOT INFORMATION

NAME OF PILOT	Date of Birth	Certification (s) & Ratings Please List	Medical Certificate		Hours Logged as Pilot in Command								
			Date	Class	All Aircraft Total	SEL	MEL	Total	Make and Model	last 90 days	12 mos		
1													
2													
3													
4													
			Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4							
FAA Certificate Number													
Date of Last Biennial Flight Review													
Details of other proficiency training													
Name and address of pilot's employer if other than applicant:													
Pilots AOPA or EAA Membership Number/s if a member:													

SUPPLEMENTAL QUESTIONS

Does the aircraft have OTHER than a standard airworthiness certificate in full effect?	() Yes () No
Are there any other aircraft owned by the applicant?	() Yes () No
Has the aircraft been equipped with modifications not provided by the manufacturer?	() Yes () No
Will the aircraft be normally operated in OTHER than paved public airports?	() Yes () 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?	() Yes () No
Will other than the applicant and pilots listed in the "Pilot Information" Section of this application have use of the aircraft?	() Yes () No
Will aircraft be used for any purpose (s) for which a charge is made?	() Yes () No
Is there any un-repaired damage to the aircraft?	() Yes () No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been involved in any aircraft accident?	() Yes () 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?	() Yes () 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?	() Yes () 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.	() Yes () 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
Please Explain any "Yes" answer in the space below or on a separate sheet of paper:	

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 _____.

AIRWORTHINESS 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): _____

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.

Name of Agent /Broker or Entity working through Pilot Quote:

Contact Information of Agent/Broker or Entity working through Pilot Quote (Address/Phone/Email):

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): _____

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.



14643 Dallas Parkway, Suite 700
Dallas, Texas 75254
972 818-4090 Phone 972 818-4088 Fax
www.blaisaviation.com

Blais Aviation Insurance is a strategic partner of Pilot Quote.com and manages the placement and service of all Pilot Quote.com clients aircraft insurance coverage's.

C:\Documents and Settings\Phil Blais\My Documents\AVIATION AIRCRAFT INSURANCE APPLICATION PILOT QUOTE.doc