



TITAN
AEROSPACE
INSURANCE

**Application for Aircraft Hull and
Liability Insurance**

CHECK WHICH IS DESIRED:	INSURANCE POLICY	RENEWAL POLICY
NAME OF APPLICANT/INSURED (including D/B/A's and Holding Companies):		
POLICY ADDRESS:		
BUSINESS OR OCCUPATION OF APPLICANT:		
APPLICANT COMPANY IS:	INDIVIDUAL(S)	CORPORATION PARTNERSHIP LIMITED LIABILITY OTHER
INSURANCE IS REQUESTED FROM 12:01 A.M TO 12:01 A.M		

LIABILITY & PHYSICAL DAMAGE COVERAGE								
Aircraft Year, Make and Model	Aircraft Registration Number	Seats	Aircraft Insured Value Requested	Aircraft Liability Limit Requested	Hgrd	Tied	AIRCRAFT BASE (Airport ID)	Estimated flight hours next 12 months
1.								
2.								
3.								
4.								
5.								

Are there any changes or alternate quotations for LIABILITY or HULL COVERAGE? Yes No If yes, please describe:

PURPOSE OF USE & AIRCRAFT OPERATIONS	
Check all applicable uses: Pleasure or Business (not flown by professional pilots employed for this purpose) Corporate Executive (flown by professional pilots employed for this purpose)	
Instruction and/or Rental (name of student(s) and/or flight school):	
Flying Club Photography Sightseeing Patrol Flights Agriculture Air Ambulance Other	
(Explain):	
Do aircraft carry passengers for hire or engage in any other operations for which a charge is made, or reimbursement is received? Yes No If "Yes," describe usage below on next three lines. If "No," skip to "Areas of aircraft Operation."	
FAR PART 91.501:	
FAR PART 135 Name of certificate holder (if other than Applicant-Insured):	
Dry Lease, Swap Time, etc. (Describe):	
Areas of aircraft operation: U.S.A Canada Mexico Other countries (list):	
Will the aircraft normally be operated from paved, public airports? Yes No	
If "No," explain:	

Are flights made to U.S. Military Installations?	Yes	No
Does the aircraft have a "Standard" Airworthiness certificate in full force and effect?	Yes	No
If "No," explain:		
Has the applicant signed any agreements or contracts with respect to aircraft operations?	Yes	No
If "Yes," please attach copies (e.g. hangar, maintenance, engine rental agreements, etc.).		

NON-OWNED AIRCRAFT		
Do you anticipate renting or chartering of other aircraft by applicant or any employees, or any use of employee's personal aircraft on behalf of applicant?	Yes	No
If "Yes," describe purpose, types of aircraft used, and anticipated annual utilization:		
Do you anticipate the use of temporary substitute aircraft during servicing or maintenance or insured aircraft?	Yes	No
If "Yes," describe purpose, types of aircraft used, and anticipated annual utilization:		

ADDITIONAL INTERESTS (e.g. Banks, Additional Insureds, Lessors, etc.)			
Any Change to the below listed entity(s) listed on your policy? Yes No If yes, please describe:			
<u>Aircraft</u>	<u>Additional Interest</u>	<u>Nature of Interest</u>	<u>Certificate Requested</u>
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

PILOTS	
Name of Pilot	
1.	Please Complete Additional Pilot History Form
2.	Please Complete Additional Pilot History Form
3.	Please Complete Additional Pilot History Form
4.	Please Complete Additional Pilot History Form
5.	Please Complete Additional Pilot History Form

TRAINING REQUIREMENTS

All pilots are required to successfully complete initial/recurrent training at a facility approved by the insurance carrier within the preceding twelve (12) months of any and all flights.

INSURANCE & CLAIMS HISTORY

Name of last aviation insurance carrier (if none or new purchase, so state):

Has applicant had any aircraft or aviation-related insurance claims, losses, accidents, or incidents? Yes No

If "Yes," explain:

Is there any unrepaired damage to the aircraft listed on this application? Yes No

If "Yes," explain:

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? Yes No

If "Yes," explain:

Is there any other pertinent information or any other changes in exposure which materially affect this risk? Yes No

If "Yes," explain:

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.

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: _____ Signature and title of Policyholder or representative _____

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 AFFECT THIS INSURANCE.