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Please complete all items on this form.

Name of Issuing Insurance Company: _____

Effective From: _____ to 12:01AM (date) _____ (standard time at the address of applicant.)

I. APPLICANT Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Bus. or Occupation: _____ # Years in Business: _____

Applicant is: Individual Corporation Partnership (Name all partners) Other (describe below)

Email: _____ Res. Phone: _____ Bus. Phone: _____

AOPA Membership #: _____

EAA Membership #: _____

II. AIRCRAFT

| Year, Make, Model | FAA Number | Seating Capacity | | Estimated Current Value (with extras) | Date of Purchase |
|-------------------|------------|------------------|-------|--|------------------|
| | | Passenger | Crew | | |
| 1. _____ | _____ | _____ | _____ | \$ _____ | _____ |
| 2. _____ | _____ | _____ | _____ | \$ _____ | _____ |
| 3. _____ | _____ | _____ | _____ | \$ _____ | _____ |

| 1. _____ 2. _____ 3. _____ | Make and HP of engine(s) | Engine hours since new or last major overhaul | Aircraft Type: | | | Is Standard Airworthiness Certificate currently in full force and effect? If NO, explain. | |
|----------------------------------|--------------------------|--|----------------------------|---------------------------|---------------------------------|--|--------------------------|
| | | | <input type="radio"/> Land | <input type="radio"/> Sea | <input type="radio"/> Amphibian | <input type="radio"/> Yes | <input type="radio"/> No |
| 1. _____ | _____ | _____ | <input type="radio"/> Land | <input type="radio"/> Sea | <input type="radio"/> Amphibian | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. _____ | _____ | _____ | <input type="radio"/> Land | <input type="radio"/> Sea | <input type="radio"/> Amphibian | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. _____ | _____ | _____ | <input type="radio"/> Land | <input type="radio"/> Sea | <input type="radio"/> Amphibian | <input type="radio"/> Yes | <input type="radio"/> No |

Are there any STC's, modifications or unrepaired damage to any aircraft? Yes No If "Yes", explain: _____

Equipment in Each Aircraft

| Equipment | Aircraft 1. | Aircraft 2. | Aircraft 3. | Equipment | Aircraft 1. | Aircraft 2. | Aircraft 3. |
|---------------------------------|--|--|--|--|--|--|--|
| IFR- Certified GPS | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | Autopilot with Altitude Hold | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Moving Map Display | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | Traffic Avoidance System | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Advanced Fuel Management System | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | Required Navigation Performance Capabilities | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Terrain awareness equipment | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | If Yes, describe: _____ | | | |
| Weather monitoring equipment | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | If Yes, describe: _____ | | | |

Aircraft Base Airport: _____
City: _____ State: _____ ID: _____
Length: _____ ft. Airport is: Public Private

Storage: Hangared Tied Down
Runway Surface: Paved Grass Other
Describe "Other": _____

COMMERCIAL OPERATORS ONLY Please describe methods used to :

Schedule Aircraft: Schedule Book Online Scheduling Service Other Explain: _____

Student and Accounting record keeping: Software Paper Files Combination of both Other- Explain Below

Track and Schedule Maintenance Events: Software Paper Files Combination of both Other- Explain Below

Explain "other" for each: _____

What method is used to dispatch the aircraft? (key distribution, student sign-off checks, etc): _____

III. LIABILITY COVERAGES AND LIMITS

Combined Single Limit Bodily Injury and Property Damage, \$ _____ each occurrence
 Passengers Excluded Included - NOT Limited (Smooth) Limited to: \$ _____ ea. passenger
 Other (specify): _____

PREMIUMS
 \$ _____
 \$ _____

Medical Payments: \$ _____ each person; \$ _____ each occurrence

\$ _____

IV. PHYSICAL DAMAGE (HULL) COVERAGE:

| | Aircraft #1 | | Aircraft #2 | | Aircraft #3 | | |
|--|----------------------|--|----------------------|--|----------------------|--|----------|
| | Amount of Insurance* | Deductibles Not in Motion In Motion | Amount of Insurance* | Deductibles Not in Motion In Motion | Amount of Insurance* | Deductibles Not in Motion In Motion | |
| <input type="checkbox"/> Ground and Flight | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> OR, Ground ONLY (Not in Motion) | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |

Endorsement(s) Premiums: \$ _____

*Explain Amount of Insurance if other than Estimated Current Value (below)

Total Policy Premium \$ _____

V. AIRCRAFT OWNERSHIP - Applicant is (Check one):

- 1. Sole Owner with no liens.
- 2. Sole Owner subject to lien with (complete following):

Unpaid Amount of Loan, excluding interest and other finance charges: \$ _____

Name and Address of Lienholder:

Lienholders Interest Insurance ("Breach of Warranty") is: Needed Not Needed

- 3. Lessee (attach copy of lease agreement)
- 4. Other - Explain on separate sheet and attach.

List all partners and owned, controlled, affiliated and subsidiary firms **on a separate sheet.** List attached
 Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? No Yes (please explain in detail)

VI. ANNUAL UTILIZATION Number of hours aircraft flown Past 12 months: _____ Estimated Next 12 mths: _____

VIII. USES OF AIRCRAFT

Purpose of Use:

Check all applicable uses:

- Pleasure or Business (not flown by professional pilots employed for this purpose)
- Corporate (flown only by professional pilots for this purpose)
- Instruction Rental (Commercial) Flying Club Photography Sightseeing
- Passenger Carrying for Hire (Charter /Air taxi) Air Ambulance (Charter/Air taxi) Freight Carrying (Charter/Air Taxi)
- Pipeline/Power Line Patrol Banner towing Aerial Application Other (describe) _____

Please explain all "yes" answers:

1. Will other than applicant have use of the aircraft? No Yes- _____
2. Will the aircraft be operated outside of the U.S and Canada? No Yes- Where? _____ Freq. _____
3. Will aircraft be used for instruction (other than recurrent training for approved pilots)? No Yes- _____
4. Will aircraft be operated from other than FAA designated airport or unpaved airports? No Yes
 Location, runway length and surface: _____ Frequency: _____
5. Are any other aircraft owned by, rented or used by or on behalf of Applicant? No Yes- _____
6. Will aircraft be used for any purpose(s) for which a charge is made to others? No Yes- _____
7. Does applicant hangar, service, repair or crew other aircraft? No Yes- _____
8. Is there any aircraft registered under names other than Applicant's name above? No Yes- _____

VII. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE

1. Has applicant had any aircraft/aviation losses/claims? No Yes- **Please describe all losses in detail below, include date, description, amount paid by insurance company.**

2. Has any insurer sent notice of cancellation or refused to renew any aviation insurance for applicant? No Yes- _____

3. Name of Last Current Insurance Company None _____ Exp. Date _____

VIII. PILOTS

List names of all pilots who will regularly operate the insured aircraft: (must also complete a "Pilot Qualification Form")

| | |
|--|--|
| | |
| | |

NOTES: Please use this section for any added comments or explanations of the questions above. Please note section and question number.

NOTICE TO APPLICANTS: 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 act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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, 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 such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

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

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO COLORADO APPLICANTS: 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 Authorities.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: 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 fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

Signature(s) of Applicant(s) _____ Date: _____
 _____ Date: _____