**OWNED AIRCRAFT INSURANCE APPLICATION**

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| RT_logo | RT Specialty12404 Park Central Suite 380Dallas, Texas 75251Phone: 214-865-7200Fax 214-855-7794 |
| Named Insured & Address:E-Mail Address:  | Current Insurance Company:Effective Date:  |
| Business Occupation: |
| Insurance is requested from: 12:01 AM to 12:01 AM |
| Phone: Residence ( ) | Phone: Business ( ) | Phone: Cell ( )  |

**AIRCRAFT Land ( ) Sea ( ) Amphib ( )**

 Total Seats

 Year Make & Model FAA Number Crew Pass. Engine H.P.

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Aircraft usually based and ( ) Hangared ( ) Tied Down at (Airport Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Airport: I.D./Identifier: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Private Airport ( ) Public Airport Paved Runways Yes ( ) No ( )

Are any flights contemplated outside continental U.S.? ( ) Yes ( ) No If “Yes”, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVERAGES AND LIMITS**

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| **LIABILITY LIMITS DESIRED**  Combined Single Limit Bodily Injury and Property Damage Including Passengers  (Select One):   |
|  ( ) $ 500,000 Each Accident and/or Occurrence |  $100,000 Bodily Injury Insurance, Each Passenger  |
| ( ) $1,000,000 Each Accident and/or Occurrence\*  **\* (Most Common Selection)** | $100,000 Bodily Injury Insurance, Each Passenger\* |
| ( ) $1,000,000 Each Accident and/or Occurrence | $200,000 Bodily Injury Insurance, Each Passenger |
| ( ) $1,000,000 Each Accident and/or Occurrence | No Sublimit for Bodily Injury Insurance for Each Passenger |
|  ( ) $2,000,000 Each Accident and/or Occurrence | $200,000 Bodily Injury Insurance, Each Passenger |
|  ( ) $2,000,000 Each Accident and/or Occurrence | No Sublimit for Bodily Injury Insurance for Each Passenger |
|  Other Liability Limit Please Specify |  |
| Medical Payments Including Crew  | ( ) $ 3,000 Per Person( ) $ 5,000,Per Person( ) $10,000 Per Person |
|  **PHYSICAL DAMAGE COVERAGE** | Current Value Of Aircraft: $Current Deductible: $Float Value: $ |



**USAGE AND OPERATION**

( ) Pleasure and Business ( ) Industrial Aid ( ) Instruction and Rental

( ) Commercial Excluding Instruction and Rental ( ) Commercial ( ) Flying Club

( ) Low Altitude Photography ( ) Air Ambulance ( ) Air Hearse

( ) Patrol Flights ( ) Banner Towing ( ) Crop Dusting

( ) Instruction of: (Name of Student):

( ) Special Uses – Please Describe:

**OWNERSHIP INFORMATION**

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| 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 (Please have each pilot fill out a copy of the Pilot Questionnaire pages 4, 5, and 6)**

Pilot’s Name Pilot’s Age

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**SUPPLEMENTAL QUESTIONS**

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| 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 |
| Any Claims in the last 5 years? ( ) Yes ( ) No If Yes Claim amount: $ |
| Please Explain any “Yes” answer in the space below or on a separate sheet of paper: |



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| 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 .

AIRWORTHYNESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate in full effect

 INITIAL .

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| 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 Andrews Insurance Agency to represent me/us in placing this insurance.Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Broker or Agent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.** |



PILOT QUESTIONAIRE

Please have each pilot fill out a copy of this form

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| Name of Aircraft Owner:  |
| Name of Pilot:  | Date of Birth:  |
| Address:  |
| Pilot’s Occupation:  |
| Employer:  | Date Employed:  |

Check All Certificates and Ratings Currently Held

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| ( ) Student( ) Private( ) Instrument( ) Commercial( ) Instructor | ( ) Airline Transport( ) Single Engine Land( ) Single Engine Sea( ) Multi-Engine Land( ) Multi-Engine Sea | ( ) Rotorwing( ) Centerline Thrust( ) Mechanic Airframe( ) Mechanic Powerplant( ) Other (Specify) |  ( ) Type Rating  (Specify Aircraft) |

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| Airman’s Certificate No: | Date Certified:  |
| If Student: (Name of instructor or FBO)  (Instruction airport location) |
| Date of Last Medical:  | Class of Medical: (Not applicable for Light Sport Aircraft) |
| Medical Waivers ( ) Yes ( ) No If Yes please explain: |
| **Date of Last Biennial Review :**  | **Type of Aircraft Used:**  | **Date of Last Simulator Instruction:** |
| Manufacturers Ground and Flight School Attended and Dates:  |
| AOPA Membership #: EAA Membership #:  |



FLYING EXPERIENCE

Please show flying experience in logged hours, do not group different aircraft of the same type in the category for the make and model on which approval is being sought. If hours cannot be substantiated by log books, please explain how hours have been verified/reconstructed.

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| Single Engine Aircraft |
|  | Make and Model of Aircraft | Pilot in Command | Co-Pilot/Duel Instruction | Total Time | Total Last 12 Months | Total Last 90 Days |
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|  |  **Total Tailwheel**: **Total All Single Engine**:  |
| Multi Engine Aircraft & Jet Aircraft |
|  | Make and Model of Aircraft | Pilot in Command | Co-Pilot | Total Time | Total Last 12 Months | Total Last 90 Days |
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|  |  **Total Retractable Gear**: **Total Multi-Engine**:  |
| Seaplanes and Helicopters |
|  | Make and Model of Aircraft | Pilot in Command | Co-Pilot | Total Time | Total Last 12 Months | Total Last 90 Days |
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|  |  **Total Sea/Helo**:  |
|  |  **TOTAL ALL AIRCRAFT** |  |  |  |

AIRCRAFT ACCIDENTS

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| Have you ever been involved in an aircraft accident? ( ) Yes ( ) No |
| If Yes please explain: |
|  | **Location** | **Date** | **Make and Model**  | **Remarks** |
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| Please Explain Circumstances If:1. If you have a physical impairment, waiver, limitation, or conditions on your Medical or Pilot Certificate.
2. If an FAA, Transport Canada, Military Pilot or other similar Certificate held by you has been suspended or revoked.
3. If you have ever been cited for a violation of any aviation regulation in any country.
4. If you have ever been convicted of or pleaded guilty to a felony or driving while intoxicated.

Explanations: |

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| 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):  |