OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC AEROSPACE, INC.

BUSINESS & PLEASURE AIRCRAFT INSURANCE APPLICATION

Coverage Effective Date: _____ to _____ Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Holding Co.
Applicant Name: _____
Street: _____
City: _____ State/Province: _____ Postal Code: _____
Contact Info – Phone: _____ Email: _____ Business/Occupation of Applicant: _____

Aircraft 1

Registration#	Year/Make/Model	Base Airport ID	Base Airport Name
_____	_____	_____	_____

Physical Damage Coverage	Agreed Value	Storage	Configuration	Seating	Engine(s)
☐ Comprehensive ☐ Limited ☐ Liability Only	$	☐ Hangared ☐ Tied Out	☐ Land ☐ Sea or Amphib ☐ Rotorwing	Crew ___ Pax ___	Hours: _____/_____ ☐ Since New ☐ ☐ Since Major Overhaul ☐

Applicant is: ☐ Sole Owner ☐ Lessee ☐ Subject to Lien ☐ Other: _____
Amount of Lien (excluding interest and charges): $_____ Breach of Warranty required? ◯ Yes ◯ No
Lienholder Name/Attn: _____
Has aircraft been modified or converted in any way from the manufacturer's original configuration or design? ◯ Yes ◯ No
Describe any modifications, conversions, or unrepaired damage: _____
Will aircraft be operated at other than paved airfields? ◯ Yes ◯ No (if Yes, please explain): _____
Will aircraft be operated outside the 48 contiguous U.S. states or Canada north of the 60th parallel? ◯ Yes ◯ No
(if Yes, please explain): _____
Will other than the applicant have use of the aircraft? ◯ Yes ◯ No (if Yes, please explain): _____

Additional aircraft may be detailed on Page 2 of this application

Purpose of Use

☐ Pleasure and/or Business (not flown by professional pilots employed for this purpose)
☐ Corporate / Industrial Aid (flown by professional pilots employed for this purpose)
☐ Flying Club (for Pleasure & Business use by its members)
☐ Instruction and/or Rental to others
☐ Sightseeing
☐ Aerial Photography
☐ Pipeline / Powerline Patrol
☐ Other: _____

Pilot Experience

Pilot Name	D.O.B.	Certificates & Ratings	Total Pilot-In-Command Hours Logged in: All A/C	RG	ME	TW	SEA	MM 1	MM 2	MM 3	MM 4	TT L12

Liability Coverage

Limit Description	Each Person	Each Occurrence
Single Limit Bodily Injury and Property Damage Including Passengers:		$X,XXX,XXX
With Each Passenger Bodily Injury Limited To:	$XXX,XXX	
Single Limit Bodily Injury and Property Damage Excluding Passengers:		$X,XXX,XXX
Single Limit Passenger Bodily Injury Per Seat:	$XXX,XXX	

Applicant Name _____

Aircraft 2

_____ _____ _____ _____
Registration# Year/Make/Model Base Airport ID Base Airport Name

Physical Damage Coverage	Agreed Value	Storage	Configuration	Seating	Engine(s)
☐ Comprehensive ☐ Limited ☐ Liability Only	$	☐ Hangared ☐ Tied Out	☐ Land ☐ Sea or Amphib ☐ Rotorwing	Crew ___ Pax ___	Hours: _____/_____ ☐ Since New ☐ ☐ Since Major Overhaul ☐

Applicant is: ☐ Sole Owner ☐ Lessee ☐ Subject to Lien ☐ Other: _____
Amount of Lien (excluding interest and charges): $_____ Breach of Warranty required? ◯ Yes ◯ No
Lienholder Name/Attn: _____
Has aircraft been modified or converted in any way from the manufacturer's original configuration or design? ◯ Yes ◯ No
Describe any modifications, conversions, or unrepaired damage: _____
Will aircraft be operated at other than paved airfields? ◯ Yes ◯ No (if Yes, please explain): _____
Will aircraft be operated outside the 48 contiguous U.S. states or Canada north of the 60th parallel? ◯ Yes ◯ No
(if Yes, please explain): _____
Will other than the applicant have use of the aircraft? ◯ Yes ◯ No (if Yes, please explain): _____

Aircraft 3

_____ _____ _____ _____
Registration# Year/Make/Model Base Airport ID Base Airport Name

Physical Damage Coverage	Agreed Value	Storage	Configuration	Seating	Engine(s)
☐ Comprehensive ☐ Limited ☐ Liability Only	$	☐ Hangared ☐ Tied Out	☐ Land ☐ Sea or Amphib ☐ Rotorwing	Crew ___ Pax ___	Hours: _____/_____ ☐ Since New ☐ ☐ Since Major Overhaul ☐

Applicant is: ☐ Sole Owner ☐ Lessee ☐ Subject to Lien ☐ Other: _____
Amount of Lien (excluding interest and charges): $_____ Breach of Warranty required? ◯ Yes ◯ No
Lienholder Name/Attn: _____
Has aircraft been modified or converted in any way from the manufacturer's original configuration or design? ◯ Yes ◯ No
Describe any modifications, conversions, or unrepaired damage: _____
Will aircraft be operated at other than paved airfields? ◯ Yes ◯ No (if Yes, please explain): _____
Will aircraft be operated outside the 48 contiguous U.S. states or Canada north of the 60th parallel? ◯ Yes ◯ No
(if Yes, please explain): _____
Will other than the applicant have use of the aircraft? ◯ Yes ◯ No (if Yes, please explain): _____

Aircraft 4

_____ _____ _____ _____
Registration# Year/Make/Model Base Airport ID Base Airport Name

Physical Damage Coverage	Agreed Value	Storage	Configuration	Seating	Engine(s)
☐ Comprehensive ☐ Limited ☐ Liability Only	$	☐ Hangared ☐ Tied Out	☐ Land ☐ Sea or Amphib ☐ Rotorwing	Crew ___ Pax ___	Hours: _____/_____ ☐ Since New ☐ ☐ Since Major Overhaul ☐

Applicant is: ☐ Sole Owner ☐ Lessee ☐ Subject to Lien ☐ Other: _____
Amount of Lien (excluding interest and charges): $_____ Breach of Warranty required? ◯ Yes ◯ No
Lienholder Name/Attn: _____
Has aircraft been modified or converted in any way from the manufacturer's original configuration or design? ◯ Yes ◯ No
Describe any modifications, conversions, or unrepaired damage: _____
Will aircraft be operated at other than paved airfields? ◯ Yes ◯ No (if Yes, please explain): _____
Will aircraft be operated outside the 48 contiguous U.S. states or Canada north of the 60th parallel? ◯ Yes ◯ No
(if Yes, please explain): _____
Will other than the applicant have use of the aircraft? ◯ Yes ◯ No (if Yes, please explain): _____

Applicant Name _____

Flying Club Applicants Only

Are members all equal owners of the aircraft? ◯ Yes ◯ No
Does the club have written by-laws? ◯ Yes ◯ No
Does the club have member-CFIs who provide instruction to other members? ◯ Yes ◯ No

Pilots

Attach a complete roster of flying members as of policy inception which includes: Full Name, D.O.B., Certification, Ratings, applicable Endorsements, Flight Experience, Club Aircraft the pilot will operate, and whether the pilot is a member, officer, or owner.

Use of Other Aircraft

Does applicant or employees of the applicant use non-owned aircraft? ◯ Yes ◯ No
If 'Yes': Make & Model Aircraft: _____ Hours of Utilization (annually): _____
Purpose of Use: _____

Losses, Violations, and Previous Aviation Insurance

Name of ◯ Last, or ◯ Present, Aircraft Insurance Company: _____ Expiration Date: _____
Has applicant had any aircraft/aviation losses, claims, or incidents during the last five (5) years? ◯ Yes ◯ No
Has any of applicant's pilots had any aircraft accidents or incidents during the last five (5) years? ◯ Yes ◯ No
Has any pilot had any FAA (or foreign equivalent) violations, suspensions, or revocations? ◯ Yes ◯ No

For any 'Yes' answer(s) above, please provide detail:

Date of Occurrence	Amount Paid	Description of Event

Has any aircraft/aviation claim been made by you, or against you, that is still unsettled? ◯ Yes ◯ No
If 'Yes', explain: _____

Comments

Applicant Name: _____

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN CALIFORNIA
For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO
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.

APPLICABLE IN FLORIDA and OKLAHOMA
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 FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON
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.

APPLICABLE IN PUERTO RICO
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and 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 this Company to investigate all or any qualifications or statements contained herein.

Applicant Signature: _____ Date: _____

Authorized representative of applicant must sign.
The Applicant's agent may not sign this Application for the Applicant.

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to affect this insurance.

Producer Name:_____State Producer License No. (Required in FL)_____

Street:_____

City:_____State:_____Zip Code:_____

Phone:_____Fax:_____

Producer Signature:_____