

Application/Proposal for Non-owned Aircraft Insurance

AVIATOR'S CHOICE

Complete Name of applicant:

Address:

City / State / Zip (Postal Code)/ Country:

Tel 1:

Tel 2:

Fax:

eMail 1:

eMail 2:

Website:

Business/Occupation of Applicant:

Citizenship:

Date of Birth:

Pilot Certificate Type:

Total logged Flight Time:

Total logged Flight Time last 12 months:

Are you a pre-solo student? YES NO

Are you flying Gliders only? YES NO

THIRD PARTY LIABILITY COVERAGE

Amount Required (USD)

Bodily Injury Liability Aggregate \$

Bodily Injury per Passenger \$

HULL COVERAGE

Amount Required (USD)

Has any Pilot Certificate held by you ever been suspended or revoked? NO YES ▼ Explain below ▼

Have you ever been cited or fined for any violation of any Government or Air or Aviation Regulation(s)?

NO YES ▼ Explain below ▼

Medical and Current Status Information

▼ Date of Last Physical/Medical ▼

▼ Date of last BFR/Check ride/Proficiency Exam ▼

Are you currently and legally qualified to act as PIC or any Flight Officer (if applicable) in the aircraft to be insured? ►

YES NO

Do you have any Physical Impairments? NO YES ▼ Explain below ▼

Do you have any waivers, limitations, conditions, restrictions or similar endorsements attached to your Medical Certificate? NO YES ▼ Explain below ▼

Are you regularly using any medication? NO YES ▼ Explain below ▼

FAX THIS FORM TO 408-228-8937 or 760-875-9772

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Have you ever been treated for drug, narcotic or chemical dependency? NO YES ▼ Explain below ▼

Have you ever been involved in any aircraft accident or incident (reported or not)? NO YES ▼ Explain below ▼

Have you ever been convicted of or pleaded guilty to or no contest to, or been under indictment or charged with or arrested for, a felony or criminal act or the equivalent thereof or for drunken or reckless driving or operating a vehicle, vessel or aircraft under the influence of drugs or narcotics? NO YES ▼ Explain below ▼

Has your Drivers Licence or Driving Privileges ever been suspended or revoked? NO YES ▼ Explain below ▼

List ALL aviation insurance claims and/or prior aviation loss history insured or not-insured in past 10 years or are you aware of any incident, accident or event that may give rise to a claim? Attach page if insufficient space to explain. **If no losses past 10 years, insured or not insured or potential claims pending write "NONE"**

READ CAREFULLY BEFORE SIGNING:

I HEREBY AFFIRM ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT AND ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE AND COMPLETE. I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. I HAVE READ AND I UNDERSTAND THE DISCLOSURE STATEMENT ON THIS DOCUMENT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION/PROPOSAL AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE. I VOLUNTARILY AGREE TO UNDERGO AN APPROVED DRUG OR ALCOHOL SCREEN TEST WITHIN 48 HOURS IN THE EVENT OF A CLAIM OR AN EVENT THAT MAY LEAD TO A CLAIM.

DISCLOSURE: Your written responses and this document and any attachments thereto form part of an application for aviation insurance. You must answer each question completely and accurately. Failure to do so may result in delay of policy issuance or coverage, a denial or reduction of benefits payable or cancellation or voiding of coverage.

I HEREBY AFFIRM ALL STATEMENTS MADE HEREIN ARE TRUE, ACCURATE AND COMPLETE.

PILOT SIGNATURE ►

Date:

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