

**Thomas V. Humphreys (TVH) Insurance***A Division of Shaw, Moses, Mendenhall & Associates Insurance Agency*

625 Fair Oaks Avenue • Suite 158 • South Pasadena, CA 91030 • Phone (213) 627-2111 / Fax (626) 799-8659 • License 0D94511

AVIATION INSURANCE APPLICATIONCheck which is desired: Quotation Insurance

Applicant: _____

Address: _____

Business of Applicant: _____

Applicants is Individual(s) Corporation Partnership Other

Insurance is requested from _____, 20____ to _____, 20____

AIRCRAFTIs aircraft operational with an Airworthiness Certificate in full force and effect? Yes No

If "No" explain: _____

Is the aircraft operated under an E.A.A. Standard Airworthiness Certificate? Yes No

If "No" describe category: _____

Has aircraft and/or engine(s) been modified: Yes No

If "Yes" explain: _____

Is there any unrepaired damage to the aircraft (minor or major)? Yes No

If "Yes" explain: _____

Make & Model	Year	FAA Number	Seating Capacity		Land(l.) Sea(s)	Purchased		Present Value	Engine Hrs Since new/ovhl
			Crew	Pass.		New/Used	Date		

LIABILITY COVERAGES AND LIMITS

	Limits of Liability		Premiums
	Each Person	Each Occurrence	
A. Bodily Injury, excluding passengers	\$	\$	\$
B. Passenger Bodily Injury	\$	\$	\$
C. Property Damage	XXXXXX	\$	\$
D. Single Limit Bodily Injury and Property Damage, () Including Passengers () Excluding Passengers Passenger Liability Limited to:	XXXXXX		
E. Medical Payments: _____ cluding Crew	\$	\$	\$
<input type="checkbox"/> Other Liability	\$	\$	\$
PHYSICAL DAMAGE COVERAGE	Insured Value	Deductible	Premiums
F. All risks ground and flight	1. Agreed Value: \$ 2. Agreed Value: \$	\$	\$
G. All risks ground	1. Agreed Value: \$ 2. Agreed Value: \$	\$	\$

PURPOSE OF USE: Check all applicable uses

- Pleasure Business, not flown by profession pilots employed for this purpose Instruction and Rental
 Corporate – Executive, flown by professional pilots employed for this purpose Flying Club
 Photography Patrol Flights Banner Towing Crop Dusting
 Passenger Carrying for Hire
 Other uses not indicated above (Explain): _____

OWNERSHIP INFORMATIONApplicant is: Sole Owner Owner subject to mortgage or conditional sales contract. Other – Explain: _____

If aircraft is mortgaged, name and address of mortgagee: _____

Amount of mortgage (excluding interest and finance charges) \$ _____

Will breach of warranty coverage be required by mortgagee? Yes No

PILOT INFORMATION

NAME OF PILOT	Date of Birth	Certification (s) & Ratings Please List	Medical Certificate		LOGGED PILOT HOURS						
			Date	Class	Total	A/C Model Insured	Heli-copter	Rel. Gear	Multi-Engine	Last 12mo All A/C	
1											
2											
3											
4											

	Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4
FAA Certificate Number				
Medical Certificate – Date/Class	/	/	/	/
Date of Last Biannual Flight Review				
BFR Conducted By				
PIC Next 12 Months				

Name and address of pilots' employer if other than the applicant: _____

1. Do any pilots named above have any physical impairments, waivers, limitations, or conditions attached to their medical certificates? _____
 If so, explain: _____

2. Has an FAA or Military Pilot Certificate held by any pilot named above been suspended or revoked? _____
 If so, explain: _____

3. Has any pilot named above ever been cited for any violation of Federal Air Regulations? _____
 If so, explain: _____

4. Has any pilot named above ever been involved in any aircraft accident? _____
 If so, explain: _____

5. Has any pilot named above ever been convicted of or pleaded guilty to (a) drunk driving or (b) a felony? _____
 If so, explain: _____

AIRCRAFT OPERATION:

Number of hours aircraft was flown during the past 12 months: _____ Estimated hours to fly in next 12 months: _____

Aircraft based and Hangared Tied-down at:
 Airport: _____
 City: _____ State: _____

<input type="checkbox"/> Public	Tower: <input type="checkbox"/> Yes <input type="checkbox"/> No	Runways paved: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Private	Runway Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No	Length: _____ Ft.

Will aircraft be operated at other than paved public airports? Yes No Outside the 48 contiguous states of the USA? Yes No
 Where? _____ Purpose? _____ Frequency? _____

How frequently does applicant use non-owned aircraft? _____

Will aircraft be used for student or pilot instruction? Yes (if Yes, explain) No _____

Are other aircraft owned by applicant? Yes (if Yes, list make(s)/model(s)) No _____

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE: Please explain each "Yes" answer below

1. Has applicant had any aircraft/aviation losses, claims, or incidents during the last five years? Yes No
 If "Yes" explain: _____

2. Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance? Yes No
 If "Yes" explain: _____

3. Name of last or present aircraft insurance company: _____ Expiration Date: _____
 If "Yes" explain: _____

All particulars herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we give 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.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance obtaining 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.

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

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect the insurance.