

## *Flying Club Insurance Application*

### **SECTION 1 – GENERAL INFORMATION**

Named Insured

Address line 1

Address line 2

City  State  Zip Code

Current Carrier  Expiration Date

Description of applicant's Operation

Years in Business  (As this entity) Applicant is

Within the past 10 years, has the Applicant operated under any other names?

### **SECTION 2 – MANAGEMENT** List all officers of the flying club and their position.

First Name	Last Name	Age	Present Position	Years with flying club

### **SECTION 3 – AIRCRAFT** List all aircraft owned / operated by the applicant.

FAA ID#	Year	Make	Model	Value Desired	Annual Hours Flown	Hangered / Tied-out	Owned / Leased

The aircraft are based at the following airport(s):  (Enter airport identifier(s) or list on line below.)

NAME OF APPLICANT \_\_\_\_\_

**SECTION 4 – PILOTS** Attach Completed Flying Roster as of Policy Inception

**SECTION 5 – LIMITS OF LIABILITY**

Property Damage & Bodily Injury Liability excluding passengers	Passenger limit
\$1,000,000	\$100,000

**SECTION 6 – ACCIDENTS, CLAIMS, AND PILOT INFORMATION**

Describe all accidents, incidents, losses, and claims for the past 5 years for the applicant and any pilot listed above. List any waivers (other than glasses), violations, or DUJs for any pilot in the past 5 years. If none, state none.


**SECTION 7 – OPTIONAL COVERAGES AND NOTES**

List any additional coverages desired or use this space for additional notes to the underwriter.


**SECTION 8 – FLYING CLUB OPERATIONS**

Are members all equal owners of the aircraft?  
Does the club have written by-laws?  
Does the club designate specific CFIs for instruction to members?  
Is there a maintenance chief?  
Describe how aircraft keys are controlled and aircraft dispatched.


Describe any use of the aircraft outside the 48 contiguous states of the USA.


**SECTION 9 – ALL ACCOUNTS**

What safeguards are established to help ensure safe operations?


Briefly describe your safety program?


Describe your training program for club officers and members, and any formal schools attend on an annual basis.


**PART B – AVIATION GENERAL LIABILITY INFORMATION**

*IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES*

NAME OF APPLICANT \_\_\_\_\_

Current Carrier

Expiration Date

**SECTION 1 – PREMISES**

Applicant occupies  At  (enter airport identifier here or name of airport below)  
Applicant occupies  At  (enter airport identifier here or name of airport below)

List all buildings, hangars, ramps and all other premises to be insured.

Applicant is  Is Applicant responsible for maintenance of the  premises?

Does the Applicant have any airshows, contests, exhibitions, or non-aviation activities on the premises?  If Yes, explain below.

Is applicant considering any construction, demolition or alterations on the premises?  If Yes, explain below.

Does the applicant assume liability of others ("Hold Harmless" agreements / Indemnification clauses)?  If Yes, explain below.

List all unlicensed vehicles / mobile equipment (i.e. tugs, front-end loaders, snow plows, pickup trucks, golf carts, etc.)

Does the applicant own or maintain any nav aids (ILS, NDB, runway / taxiway lighting, etc.) or operate a Unicom?

Additional Insureds: \_\_\_\_\_

Has the applicant ever had an application for aircraft hull or liability insurance declined by any insurance company or underwriter? **(Not applicable in the following states: Missouri).**

Yes No (If Yes, explain): \_\_\_\_\_

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.

**FRAUD WARNING**

**(All States except: AR; CO; DC; FL; HI; ID; KS; KY; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA; VT; WA; WV)**

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 civil fines and criminal penalties.

**Arkansas** – 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.

**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.

**District of Columbia** - 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.

**Florida** - 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 of the third degree.

**Hawaii** – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NAME OF APPLICANT \_\_\_\_\_

**Idaho** - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony."

**Kansas** - Any person who with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.

**Kentucky** – 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.

**Louisiana** – Any person who knowingly and 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.

**Maine** – 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.

**Maryland** – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** – 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 civil fines and criminal penalties.

**New York** – 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon** – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**Oklahoma** – 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.

**Pennsylvania** – 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.

**Tennessee** - 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.

**Vermont** - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

**Virginia** - 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.

**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 include imprisonment, fines and denial of insurance benefits.

**West Virginia** – 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.

**Applicant's signature: X** \_\_\_\_\_ **\* Date:** \_\_\_\_\_

(All Applicants must sign)

**Producer information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Florida residents please provide license number: \_\_\_\_\_

**\* Producer's Signature: X** \_\_\_\_\_ **\* Date:** \_\_\_\_\_