

OLD REPUBLIC INSURANCE COMPANY



Personal Aviation Insurance Application

Dear Insured,

Thank you for choosing Old Republic Aerospace, Inc. for your Personal Pleasure & Business Aircraft Insurance.

The following application has been prepared for your convenience. To ensure that coverage is not interrupted, please **fill out the application completely, confirm that all information is accurate and return the signed original to your agent.** Note that an asterisk (*) on the application indicates that information must be manually filled by you. Other information may already be automatically filled, though you are responsible for ensuring its accuracy. The back of the form should be utilized where additional space is needed.

The abbreviation key below is provided for your reference. Any questions you may have should be directed to your agent.

Abbreviations

A/C	Aircraft
ATP	Airline Transport Pilot certificate
CG/TW	Conventional Gear/Tail Wheel
CLT	Center Line Thrust
CML	Commercial pilot
FAA	Federal Aviation Administration
FAA ID	Airport 3 or 4 character FAA Identifier
FAR	Federal Aviation Regulations
INST	Instrument
MM	Make and Model (of aircraft)
MES	Multi-Engine Sea
ME	Multi-Engine
PVT	Private pilot
RG	Retractable Gear
SES	Single Engine Sea
SMOH	Engine(s) time Since Major Overhaul
STC	Supplemental Type Certificate
STU	Student pilot
TT L12	Total Time Last 12 Months

We appreciate your prompt attention to this application and look forward to servicing your ongoing aviation insurance needs.

Sincerely,

*Old Republic Aerospace,
Inc. P&B Aircraft
Underwriting*

Personal Aviation Insurance

Today's date: _____ Coverage effective date requested from: _____ to: _____
 Name of Applicant: _____ Applicant is: An individual A business
 Address: _____
 *Contact Info: Phone: _____ Email: _____ *Occupation of Applicant: _____
 *Is applicant sole owner of the aircraft: Yes No (if yes, please explain): _____
 Name of lienholder(s): _____
 Address of lienholder(s): _____
 Is breach of warranty coverage required? Yes No *Lien amount: \$ _____
 *Name of current insurance company: _____ *Expiration date: _____

AIRCRAFT (A/C):

Aircraft based at (Name, FAA ID, State): _____

A/C Year, Make and Model (MM)	A/C value	FAA #	Seats	Hangared?		Land Plane?		*Time SMOH	* Annual Utilization
				Yes	No	Yes	No		
1.				Yes	No	Yes	No		
2.				Yes	No	Yes	No		
3.				Yes	No	Yes	No		

*Will aircraft be operated at other than paved public airports? Yes No (if Yes, where and how often?): _____
 *Will aircraft be operated outside the 48 contiguous states, or Canada North of the 60th parallel? Yes No
 (If yes, explain on the reverse side)
 *Will other than applicant have use of the aircraft? Yes No (If yes, please explain): _____
 *Has any aircraft been modified or converted in any way from the manufacturer's original configuration or design in such a manner to have required a Supplemental Type Certificate (STC)? Yes No If yes, please explain _____
 Has any pilot and/or applicant had any aviation claims, incidents, accidents, FAA medical waivers (other than for corrective lenses), FAR violations, DUI's or felony convictions? Yes No (If yes, please explain on the reverse side).

Use of aircraft:

"Pleasure and Business" meaning used in the applicant's business, including personal and pleasure uses, but excluding any operation for hire or reward.

*If any other uses (explain): _____
 (If other than for, "Pleasure and Business" please also contact your agent.)

PILOT INFORMATION:

Pilot Name	Age	Valid Certificates & Ratings	Current Total Hours Logged in								
			All A/C	RG	ME	TW	A/C 1	A/C 2	A/C 3	TT L12	
1.											
2.											
3.											
4.											
5.											
6.											

INSURANCE COVERAGE:

Liability:

\$ _____ Each Occurrence Bodily Injury and Property Damage with Bodily Injury limited to \$ _____ Each Passenger, or
 \$ _____ Combined Single Limit Bodily Injury and Property Damage Including Passenger Bodily Injury

Hull:

Agreed value: A/C 1 \$ _____ A/C 2 \$ _____ A/C 3 \$ _____

*Additional Insureds: _____
 *Has the applicant ever had aircraft hull or liability insurance cancelled by any insurance company or underwriter? (Not valid in Missouri) Yes No (If yes, explain): _____

Personal Aviation Insurance

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 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, 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 and 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 statement contained herein.

*Applicant's signature: _____ *Date: _____

(All Applicants must sign)

Producer Information:

Name: _____ State Producer License No. (Required in FL) _____
Address: _____ Telephone _____ Fax #: _____