

OLD REPUBLIC INSURANCE COMPANY



AIRCRAFT FLEET ADDENDUM

Applicant Name: _____

Please number each additional aircraft in the event there is a question for easy identification.

Aircraft # _____

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 Pass. _____

FAA No.: _____ Purchase Year: _____ New Used Land Sea Amphibious

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)	Each Person	Each Occurrence
Bodily Injury - Excluding Passengers	\$	\$
Property Damage		\$
Passenger Liability	\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage		\$
<input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to:	\$	
Medical Expenses <input type="checkbox"/> Excluding Crew	\$	\$
<input type="checkbox"/> Other Liability:	\$	\$

Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul	Engine Make/Type: _____	Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____
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Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangared <input type="checkbox"/> Paved Runway Length in feet: _____	Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS	If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ %
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Applicant is: Sole Owner Lessee Owner subject to Lien Other explain: _____
 Lienholder Name/Attn.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: Yes No

Aircraft # _____

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 Pass. _____

FAA No.: _____ Purchase Year: _____ New Used Land Sea Amphibious

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)		Each Person	Each Occurrence
Bodily Injury - Excluding Passengers		\$	\$
Property Damage			\$
Passenger Liability		\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage			\$
<input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to:		\$	
Medical Expenses <input type="checkbox"/> Excluding Crew		\$	\$
<input type="checkbox"/> Other Liability		\$	\$
Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul	Engine Make/Type: _____	Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____	
Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangared <input type="checkbox"/> Paved Runway Length in feet: _____	Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS	If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ %	
Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Owner subject to Lien <input type="checkbox"/> Other explain: _____			
Lienholder Name/Attn.: _____			
Address: _____			
City: _____ State: _____ Zip Code: _____			
Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: <input type="radio"/> Yes <input type="radio"/> No			
For additional aircraft please attach an "Aircraft Fleet Addendum" <input type="checkbox"/> Aircraft Fleet Addendum Attached			

Aircraft # _____

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 FAA No.: _____ Purchase Year: _____ New Used Land Sea Amphibious Pass. _____

Physical Damage Coverage	Agreed Value	Deductibles		
		In Motion	Not-In-Motion	Ingestion
<input type="checkbox"/> All Risk Ground and Flight	\$	\$	\$	\$
<input type="checkbox"/> All Risk Ground Only				
<input type="checkbox"/> All Risk Ground Not In Flight				

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)		Each Person	Each Occurrence
Bodily Injury - Excluding Passengers		\$	\$
Property Damage			\$
Passenger Liability		\$	\$
Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage			\$
<input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to:		\$	
Medical Expenses <input type="checkbox"/> Excluding Crew		\$	\$
<input type="checkbox"/> Other Liability:		\$	\$
Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul	Engine Make/Type: _____	Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____	
Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangared <input type="checkbox"/> Paved Runway Length in feet: _____	Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS	If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ %	
Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Owner subject to Lien <input type="checkbox"/> Other explain: _____			
Lienholder Name/Attn.: _____			
Address: _____			
City: _____ State: _____ Zip Code: _____			
Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: <input type="radio"/> Yes <input type="radio"/> No			