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	
FAA No.: Purchase Year:	ONew OU	sed 🗌	Land]Sea ∏Ar	mphibious		Pass.	
Physical Damage Coverage		Agreed Value		Deductibles				
		0	In	Motion	Not-In-Moti	ion	Ingestion	
All Risk Ground and Flight								
All Risk Ground Only		\$	\$		\$	\$		
All Risk Ground Not In Flight								
If Airworthiness Certificate is other than Stan	dard, please identify ca	tegory:						
Describe any STC's, modifications or unrepair	ed damage:							
Liability Coverage (for Aerial Applications, comp	verial Section)		Each Perso		Each Occurrence			
Bodily Injury - Excluding Passengers				\$		\$		
Property Damage					\$			
Passenger Liability				\$		\$		
Single Limit Bodily Injury 🔲 Including			age			\$		
Passenger Bodily Injury Limited to:	ed to:		\$ \$		Ś			
Medical Expenses Excluding Cre			<u>ې</u>		<u>ې</u> د			
Other Liability:				Ş		Ş		
Engine Hours: Engine Make/Typ			Hours flown last 12 months:					
Since New		Es	Est. hours flown next 12 months:					
Since Major Overhaul			Es	Est. passenger load next 12 months:				
Aircraft based at (identify):	Aircraft Equipn	ipment: If ope		operated for hire, percentage		ge of use:		
Public Private	TCAS / TIS		Pas	senger:	% Instr	uction:	%	
Hangared Paved	Angle of at	tack indicator	Car		% Rental:		%	
Runway Length in feet:	WS		Other: %					
Applicant is: 🗌 Sole Owner 🗌 Lessee	Owner subject to I		explair	n:				
Lienholder Name/Attn.:								
Address:								
City:		State:			Zip Code:			
Amount of Lien (excluding interest and charg	es): \$	Breach of W	arranty	Required?:	⊖Yes ⊖ No	C		

Make/Model					Year:	Seating Cap	acity: Crew
AA No.:	Purchase Year:	ONew OUs	○New ○Used □ Land		🗌 Ar	nphibious	Pass.
Physical Damage Coverage		Agreed Value	Deductibles				
	coverage		Agreed Value	In Motion		Not-In-Motion	Ingestion
🔲 All Risk Gro	ound and Flight						
🗌 All Risk Gro	ound Only		\$	\$		\$	\$
🗖 All Risk Gro	ound Not In Flight						

Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section)					erson	Each Occurrence	
Bodily Injury - Excluding Passengers					:	\$	
Property Damage					4	\$	
Passenger Liability						\$	
Single Limit Bodily Injury 🔲 Including 🗌 Excluding Passengers and Property Damage						\$	
Passenger Bodily Injury Limited to:					\$		
Medical Expenses Excluding Crew				\$	\$		
Other Liability				\$	\$		
Engine Hours: Engine Make/Type:			Hc	ours flown last	t 12 months:		
Since New			Est	t. hours flowr	next 12 mon	ths:	
Since Major Overhaul			Es	t. passenger l	oad next 12 m	nonths:	
Aircraft based at (identify):	Aircraft Equipm	ient:	If o	perated for hi	re, percentag	e of use:	
Public Private	TCAS / TIS		Pas	senger:	% Instru	ction: %	
Hangared Paved	Angle of att	tack indicator				l:%	
Runway Length in feet:	TAWS/GP	WS	Other: %				
Applicant is: 🗌 Sole Owner 🗌 Lessee 🗌 Ov	wner subject to L	ien 🗌 Other	explain:				
Lienholder Name/Attn.:							
Address:							
City:		State:			p Code:		
Amount of Lien (excluding interest and charges): \$_		Breach c	of Warra	nty Required	?: ○Yes () No	
For additional aircraft please attach an "Aircraft F	leet Addendum"	' 🗌 Aircraft Fleet	Addend	um Attached			
a. 6. 11							
Aircraft #							
Make/Model	<u></u>			Year:		Capacity: Crew	
FAA No.: Purchase Year:	○ New ○ Us	ed 🗌 Land	🗌 Sea	Amp	hibious	Pass	
Physical Damage Coverage		Agreed Value			Deductible		
		_	In N	Aotion	Not-In-Motic	on Ingestion	
All Risk Ground and Flight							
All Risk Ground Only		\$	\$	\$		\$	
All Risk Ground Not In Flight							
If Airworthiness Certificate is other than Standard, p	lease identify ca	tegory:				•	
Describe any STC's, modifications or unrepaired dan		· ·					
Liability Coverage (for Aerial Applications, complete Che	emical Liability in A	erial Section)		Each P	erson	Each Occurrence	
Bodily Injury - Excluding Passengers	· ·· ·· ·	,	\$			\$	
Property Damage						\$	
Passenger Liability							
Single Limit Bodily Injury Including Exclu				\$		\$	
Passenger Bodily Injury Limited to: All Bodily Injury Limited to:						\$\$	
Passenger Bodily Injury Limited to: 🗌 All Bo		s and Property Dama ed to:	age	\$ \$		\$ \$	
Passenger Bodily Injury Limited to: All Bo Medical Expenses Excluding Crew			age	\$ \$ \$		\$ \$ \$	
			age	\$ \$ \$ \$		\$	
Medical Expenses Excluding Crew Other Liability:				\$ \$ \$ \$		\$ \$	
Medical Expenses Excluding Crew Other Liability: Difference Engine Hours: Engine Make/Type:			Нс	\$ \$ \$ \$ yurs flown las	t 12 months:	\$ \$	
Medical Expenses Excluding Crew Other Liability: Engine Hours: Since New Engine Make/Type:			Hc Es	t. hours flowr	t 12 months: next 12 mon	\$\$ \$ \$ ths:	
Medical Expenses Excluding Crew Other Liability: Engine Hours: Engine Hours: Engine Make/Type: Since New Since Major Overhaul	odily Injury Limit	ed to:	Hc Es Es	t. hours flowr t. passenger l	t 12 months: n next 12 mon pad next 12 m	\$\$ \$ ths: nonths:	
Medical Expenses Excluding Crew Other Liability: Engine Hours: Engine Hours: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify):	odily Injury Limit	ed to:	Hc Es Es If op	t. hours flowr t. passenger le perated for hi	t 12 months: next 12 mon oad next 12 m re, percentag	\$ \$ \$ ths: nonths: e of use:	
Medical Expenses Excluding Crew Other Liability: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify): Public Public Private	Aircraft Equipm	ed to:	Hc Es' Es' If op Pas:	t. hours flowr t. passenger h perated for hi senger:	t 12 months: next 12 mon oad next 12 m re, percentag % Instru	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Hours: Engine Hours: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify):	Aircraft Equipm	ed to:	Hc Es Es If op	t. hours flowr t. passenger h perated for hi senger:	t 12 months: next 12 mon oad next 12 m re, percentag	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Make/Type: Since New Engine Make/Type: Since Najor Overhaul Aircraft based at (identify): Public Private	Aircraft Equipm	ed to:	Hc Es' Es' If op Pas:	t. hours flowr t. passenger h perated for hi senger: go:	t 12 months: next 12 mon oad next 12 m re, percentag % Instru	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify):	Aircraft Equipm	ed to: nent: tack indicator WS	Hc Es' Es' If op Pas: Cart	t. hours flowr t. passenger lo perated for hi senger: go: er:	t 12 months: next 12 mon oad next 12 m re, percentag % Instru % Renta	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify):	Aircraft Equipm TCAS / TIS Angle of att	ed to: nent: tack indicator WS	Hc Es ² If op Pas: Cart Oth	t. hours flowr t. passenger lo perated for hi senger: go: er:	t 12 months: next 12 mon oad next 12 m re, percentag % Instru % Renta	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Make/Type: Since New Engine Make/Type: Since Major Overhaul Aircraft based at (identify): Public Private Hangared Paved Runway Length in feet: Applicant is:	Aircraft Equipm TCAS / TIS Angle of att	ed to: nent: tack indicator WS	Hc Es ² If op Pas: Cart Oth	t. hours flowr t. passenger lo perated for hi senger: go: er:	t 12 months: next 12 mon oad next 12 m re, percentag % Instru % Renta	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Make/Type: Engine Hours: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify): Public Public Private Hangared Paved Runway Length in feet: Sole Owner Lienholder Name/Attn.:	Aircraft Equipm TCAS / TIS Angle of att	ed to: nent: tack indicator WS	Hc Es ² If op Pas: Cart Oth	t. hours flowr t. passenger lo perated for hi senger: go: er:	t 12 months: next 12 mon oad next 12 m re, percentag % Instru % Renta	\$ \$ \$ ths: nonths: e of use: ction: %	
Medical Expenses Excluding Crew Other Liability: Engine Hours: Engine Make/Type: Since New Since Major Overhaul Aircraft based at (identify):	Aircraft Equipm TCAS / TIS Angle of att	ed to: hent: tack indicator WS ien Other State:	Hc Es Es Pas Car Oth explain	t. hours flowr t. passenger h perated for hi senger: go: er: er: z	t 12 months: next 12 mon pad next 12 m re, percentag % Instru % Renta %	\$ \$ \$ ths:	