

COPA Preferred Aircraft Insurance Application

Insured Name (Should match FAA Registration)			
You Are	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other		
Occupation/Business			
Address			
Phone		Email Address	
Your Present Insurer		Policy Expiration Date	
COPA Member	<input type="checkbox"/> Yes <input type="checkbox"/> No		COPA Screen ID

Aircraft Information

Aircraft Year/Make/Model	FAA Number	Total Seats	Insured Value	Physical Damage Coverage Type
				<input type="checkbox"/> Full coverage <input type="checkbox"/> Not in Motion <input type="checkbox"/> Liability Only
Aircraft Based at				<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down
Leinholder Name and Address (if applicable)				
Liability Limited Requested				

Aircraft Operations – Explain “yes” answers on reverse side of application.

	No	Yes
Will any charge (other than operating expenses) be made for use of the aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
Will the aircraft be used for anything other than transporting people?	<input type="checkbox"/>	<input type="checkbox"/>
Will the aircraft be used anyplace other than at paved runways?	<input type="checkbox"/>	<input type="checkbox"/>
Will the aircraft be used outside the continental United States?	<input type="checkbox"/>	<input type="checkbox"/>
Will the aircraft be used for student or pilot instruction?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or exclusively lease any other aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use non-owned aircraft?	<input type="checkbox"/>	<input type="checkbox"/>

Pilot Information

	Pilot 1	Pilot 2	Pilot 3
Name			
Date of Birth			
Occupation			
Certificates Held (Mark all that apply)	<input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP	<input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP	<input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP
Ratings (Mark all that apply)	<input type="checkbox"/> AMEL <input type="checkbox"/> Instrument <input type="checkbox"/> CFI	<input type="checkbox"/> AMEL <input type="checkbox"/> Instrument <input type="checkbox"/> CFI	<input type="checkbox"/> AMEL <input type="checkbox"/> Instrument <input type="checkbox"/> CFI
Last BFR Date			
Last Medical Date/Class			
Last CPPP, CDM or Sim Course Completion Date			
Last Training with Cirrus CFI Date			
Logged Pilot Hours			
Total Hours All Aircraft			
This Make and Model			
Hours Last 12 Months			
Hours Last 90 Days			

Pilot History – Explain “yes” answers on reverse side of application.

	No	Yes
Have any of the pilots had any accidents, incidents, claims or citations for F.A.R. violations?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the pilots had any license limitations or medical waivers?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the pilots had any felony convictions or license suspensions arising out of operating a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the pilots been arrested for operating a motor vehicle recklessly or while under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

I/We represent that the answers given are true and complete to the best of my/our knowledge and belief and that no material information has been withheld.

Date: _____

Applicant's Signature _____

Fax completed application to 636-532-3646