

Van's Aircraft Insurance Application

Insured Name <small>(Should match FAA Registration)</small>			
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	
AOPA #		EAA #	

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
FOR BUILDERS:	Value range for the next year			

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"/>

Pilot Information

	Pilot 1	Pilot 2	Pilot 3
Name			
Date of Birth			
Occupation			
Certificates Held <small>(Mark all that apply)</small>	<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 <small>(Mark all that apply)</small>	<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			
Logged Pilot Hours			
Tailwheel Hours			
OVERALL Vans experience			
This Make and Model			
Hours Last 12 Months			
Training			

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

Have any of the pilots:	No	Yes
Had any accidents, incidents, claims or citations for F.A.R. violations?	<input type="checkbox"/>	<input type="checkbox"/>
Had any license limitations or medical waivers?	<input type="checkbox"/>	<input type="checkbox"/>
Had any felony convictions or license suspensions arising out of operating a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
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