

## FACER INSURANCE AIRCRAFT INSURANCE APPLICATION

Present Insurance Company:

Policy Effective Dates: Applicant is:      Individual  
 Named Insured: LLC                              Corporation

(Unless a lease is in place, this should exactly match the FAA registration)

Address:

Preferred Phone #: Preferred e-mail:

Please list any corrections/changes:

Member of any Aircraft Associations?

(AOPA, EAA, etc.)      Member #(s):

<i>AIRCRAFT -</i> Year, Make, Model	FAA Reg. Number	Seating Capacity	Flight Coverage	Insured Value
1)				
2)				
Aircraft #1 deductibles:      not-in-motion                              in-motion Aircraft #2 deductibles:      not-in-motion                              in-motion Alternate Value(s) Requested? Is Aircraft certificate Standard Category?              Yes                              No Is Aircraft Airworthiness Certificate in effect?              Yes                              No Please list Aircraft Modifications from factory design: Please specify any unrepaired damage on aircraft: Please itemize aircraft upgrades: Please list any explanations/corrections:				

### *LIABILITY PROTECTION -*

\$1,000,000 / \$100,000
\$1,000,000/\$200,000
\$1,000,000 / \$250,000
\$1,000,000/\$1,000,000  
\$1,000,000 / Excluding Passengers
\$500,000 / Excluding Passengers

If you don't see your desired liability limit, please list it here:

### *AIRCRAFT USE/LEASE AGREEMENTS -*

Do you charge others for use of the aircraft?      Yes                              No  
 Do you provide charitable sightseeing rides?      Yes                              No  
 Are there any lease agreements in place involving your aircraft?                              Yes                              No  
 Please explain all yes answers:

### *LIEN HOLDER DATA (if any) -*

Lender Name:  
 Address: City: ST: Zip:  
 Please list any changes/corrections:

**AIRPORT -**

Home Base: \_\_\_\_\_ FAA ID: \_\_\_\_\_ Storage: \_\_\_\_\_ Hangared \_\_\_\_\_ Tied Down \_\_\_\_\_  
 If a Private strip, please list length, runway surface and obstructions:

Please list any changes or corrections:

<i>PILOT INFO -</i> Name	SEA	ROTOR	ASEL	AMEL	INSTRUMENT	STUDENT	PRIVATE	COMMERCIAL	ATP	Total logged Flying Hours	Total Tail-Wheel Hours	Total Retract Gear Hours	Total Multi Hours	Acft 1 Make Model Hours	Last 12 Months Hours

**PILOT CURRENCY & DOB -**

Pilot 1 Last Flight Review: \_\_\_\_\_ Last Medical: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Pilot 2 Last Flight Review: \_\_\_\_\_ Last Medical: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Pilot 3 Last Flight Review: \_\_\_\_\_ Last Medical: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Pilot 4 Last Flight Review: \_\_\_\_\_ Last Medical: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Pilot 5 Last Flight Review: \_\_\_\_\_ Last Medical: \_\_\_\_\_ DOB: \_\_\_\_\_

Pilot 1 date & locale of last formal flight training: \_\_\_\_\_  
 Pilot 2 date & locale of last formal flight training: \_\_\_\_\_  
 Pilot 3 date & locale of last formal flight training: \_\_\_\_\_  
 Pilot 4 date & locale of last formal flight training: \_\_\_\_\_  
 Pilot 5 date & locale of last formal flight training: \_\_\_\_\_

**BACKGROUND QUESTIONS -**

Yes No

- 1) Do any pilots listed above have any (a) Physical Impairments? \_\_\_\_\_
- (b) Waivers, limitations, conditions attached to their FAA Medical certificate? \_\_\_\_\_
- 2) Has an FAA or Military Pilot Certificate held by any pilot listed herein been suspended or revoked? \_\_\_\_\_
- 3) Has any pilot listed herein been cited for any violation of the Federal Aviation Regulations? \_\_\_\_\_
- 4) In the last 5 years has any pilot listed herein been involved in an aircraft accident? \_\_\_\_\_
- 5) In the last 5 years has any pilot listed herein been indicted or arrested for a felony, drunk or reckless driving? \_\_\_\_\_
- 6) Has any applicant or pilot listed herein been convicted or indicted for any incident involving drugs? \_\_\_\_\_
- 7) Has any insurance company canceled or non-renewed any aviation related policy in the last 5 years? \_\_\_\_\_
- 8) Will any pilots not listed herein operate the aircraft? \_\_\_\_\_

Please reference and answer all yes questions here:

Facer Insurance hereby informs you that by signing or typing your name below and returning this form to us (by mail, fax or digital means), you warrant the information contained herein is true and correct to the best of your knowledge. Please be advised if you knowingly provide incorrect answers to the questions contained herein, your coverage could be voided.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_