

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Hm #: _____
Wk #: _____
Fax #: _____
Mobile/Pager: _____
E-Mail: _____

We would like the opportunity to quote your business. We quote ALL the companies except Avemco and can get you the best rate for the coverages. For the best quote possible, please complete the application and return it ASAP. We will contact you as soon as your quotes come back, approx. 30 days prior to the expiration.

Please complete and add additional comments on a separate piece of paper, if necessary:

Year: _____ Aircraft: _____ FAA N#: _____ # Seats: _____ Type Gear: _____
Engine make _____ HP: _____ Engine hrs SMOH or since new: _____; Last Annual Date: _____;
Certificate in full force & effect? **Yes or No**; Is it **Standard or Experimental** Hangared: **Yes or No**;
Airport, State (ID): _____, _____ (____); Paved: **Yes or No**; Length: _____

Use: Pleasure & Business and/or other _____ Aerobatics? _____

Please list all modifications to the original aircraft design and any equipment added in the last twelve months, including values.

Expiring company: _____; Expiration date: _____;

Type of coverage: Not In Motion, Ground and Taxi, Ground and Flight, Liability only, Other _____

Physical damage amount requested : \$ _____

Property damage and bodily injury liability per occurrence \$ _____, (typical is \$1,000,000)
Bodily injury sub-limited to \$ _____ per passenger (typical is \$100,000)
Medical \$ _____ per passenger (typical is \$1000)

Lienholder/Address: _____; Amount of Lien: \$ _____

Additional Insured/Address: _____.

Please ANSWER the following and EXPLAIN any "yes" answers below or on an additional sheet of paper:

1. Will other than Named Pilots have use or receive any type of training of this aircraft? _____
 2. Will aircraft be used for any purpose(s) for which a charge will be made? _____
 3. Will aircraft be regularly operated from other than paved public airports? _____
 4. Is there any un-repaired damage to this aircraft? _____
 5. Has any applicant(s) or Named Pilot(s) had any losses or been cancelled or declined to renew any aviation insurance? _____
 6. Has the applicant or any pilot ever been convicted of a felony? _____
 7. Do you need us to quote War Risk and/or Terrorism (TRIA) coverage or coverage outside of the Continental US?? _____
- Additional Comments: _____

PILOT REQUIREMENTS - I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on the Pilot History Form(s) or meet the Open Pilot Warranty, who has/have at least the certificates, ratings and experience indicated, and who, is/are properly qualified. USE REQUIREMENTS - I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document. AIRWORTHINESS REQUIREMENTS - I/We understand and acknowledge that there is no coverage in flight, unless the Airworthiness Certificate is in full force and effect. Coverage may be limited &/or different during the restriction fly off period. TERRITORY may only include the Continental US.

I/We certify that all statements or representations contained on this application and Pilot History Form(s) submitted, are true and correct and that I/we have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company. I/We further agree that the insurance company or their agents, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualifications or statements contained in this application and Pilot History Form(s). I/We authorize SkySmith, Inc., to represent me/us in placing this insurance. I have read this application and declare that to the best of my knowledge and belief all of the foregoing statements are true and no material info. has been withheld and I/we are duly authorized to execute this application. (Kansas - This does not represent a warranty) I understand that higher levels of coverage may have been available but I have declined them. Minimum premium may apply once coverage is bound.

Memberships: AOPA # _____; EAA # _____; Other #s _____

Signature of Applicant(s) _____ Date: _____

Applicant is: Individual, Corporation, Partnership.

Applicant's interest in the aircraft is: Sole Owner; Part Owner; Lessee; Lessor.

Please return this **ORIGINAL** form and a Pilot History Form for each Named Pilot ASAP for us to get the best rates for you.

Pilot History Record One form per Pilot, Copy as Needed

LEAVE NO BLANKS

**FAA Pilot Certificates & Ratings
Now Held and Year Obtained:**

Name _____
 Address _____
 Phone _____ Home Work Mobile Fax:
 Birthdate ____/____/____ Certificate # _____
 Occupation _____ E-Mail _____

- Student _____
- Private _____
- Commercial _____
- ATP _____
- CFI / CFI I _____
- ASEL _____
- AMEL _____
- Instrument _____
- _____
- _____
- _____

*****FAA MEDICAL CERTIFICATE*****

Date Last Medical _____ Class I II III

Waivers (If none, write none) _____ (or Corrective Lenses or Color Blindness)

*****TRAINING AND RECURRENT TRAINING*****

Date of last Flight Review or equivalent _____

Date of last Instrument Competency Check _____

Do you participate in FAA Pilot Proficiency Awards Program? No Yes. If "Yes," what phase have you completed? _____

For what type aircraft? _____ Date completed _____

Recurrent/Transition Courses: Describe and give details of last courses attended:

School or instructor _____

Type rated in following aircraft _____

Do you hold a current FSI Pro Card or Simuflite Card? Yes Date _____ No

*****TOTAL FLIGHT HOURS*****

Flight Experience: Total Time Logged _____ Hours; Past 12 months _____ Hrs; Last 90 days _____ Hrs;
 Tail Wheel _____ Hrs; Retractable Gear _____ Hrs; Multi-Engine _____ Hrs; Turbine _____ Hrs;
 ASES _____ Hrs; AMES _____ Hrs; Rotor _____ Hrs; Military _____ Hrs; Glider _____ Hrs; Balloon _____ Hrs.

*****PILOT-IN-COMMAND HOURS*****

PIC Hours	AIRCRAFT MAKE & MODEL (M&M) (Example: Piper Arrow PA28R 180)	TOTAL M&M HOURS (Show hours below)	M&M LAST 12 MONTHS (do not show Fractional hrs)	M&M LAST 90 DAYS
Insured Aircraft type Similar to N# Below ***				
Like Aircraft				

Please explain fully any "Yes" answers to the following questions on the back or an additional piece of paper, if necessary.

- As pilot-in-command or as co-pilot have you been found guilty of breaking any Federal Air Regulations violations? No Yes
- Has your automobile drivers license ever been suspended or revoked or have you been convicted of a felony? No Yes
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? No Yes
- Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years? No Yes
- As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? Detail below No Yes

Accident / Claims History: Please list ALL violations, suspensions, accidents, incidents, whether or not they involve an insurance payment:
 IF NONE, STATE "NONE" **DO NOT LEAVE BLANK.** (Continue full details on the back or an additional piece of paper, if necessary)

Date Description Amount Paid Ins Carrier

I represent that the answers given are true and complete to the best of my knowledge and belief, and that no material information has been withheld which would adversely affect approval by the Insurer.

Date _____ Signed _____ (Pilot's Personal Signature Required)

AOPA # _____

EAA# _____

This pilot record is filed in connection with the Insurance Application of _____ N# _____

Please mail original form to:

SkySmith Insurance Agency, 518 SW 3rd St., Suite B, Ankeny, IA 50021; Voice (515) 289-1439, Fax (515) 864-0334