

# USAIG® All-Clear Aircraft Insurance Application

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 You are  Individual  Corporation  Partnership  Other, explain \_\_\_\_\_  
 Your business is \_\_\_\_\_  
 Your present aircraft insurance company is \_\_\_\_\_ Policy expires \_\_\_\_\_  
 Has Applicant had any accidents or incidents?  No  Yes (Explain "Yes" on reverse side.)  
 Has any insurer canceled or refused to renew any aviation insurance for you or any of your pilots?  No  Yes  
 (Explain "Yes" on reverse side.)

## Aircraft Information

Year \_\_\_\_\_ Make and Model \_\_\_\_\_ FAA "N" No. \_\_\_\_\_  
 Capacity: Pass. \_\_\_\_\_ Crew \_\_\_\_\_ Standard Airworthiness Category  No  Yes  
 Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices, etc.)  No  Yes

Explain "Yes" answer \_\_\_\_\_  
 Aircraft is a landplane  Yes  No (describe) \_\_\_\_\_ Is it usually hangared?  No  Yes  
 Aircraft is usually based at \_\_\_\_\_  
 Purchase date \_\_\_\_\_ Purchase price (with equipment) \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Engine Hours Single \_\_\_\_\_ Twin (L) \_\_\_\_\_ (R) \_\_\_\_\_ Airframe Hours \_\_\_\_\_

### Explain "Yes" answers on reverse side of application.

Will any charge (other than operating expenses) be made for the use of the aircraft? \_\_\_\_\_  No  Yes  
 Will the aircraft be used for anything other than transporting people? \_\_\_\_\_  No  Yes  
 Will the aircraft be used anyplace other than at paved runway airports? \_\_\_\_\_  No  Yes  
 Will the aircraft be used outside the continental United States? \_\_\_\_\_  No  Yes  
 Do you own or exclusively lease any other aircraft? \_\_\_\_\_  No  Yes  
 Do you use non-owned aircraft? \_\_\_\_\_  No  Yes  
 Will the aircraft be used for student or pilot instruction? \_\_\_\_\_  No  Yes

Name of Instructor \_\_\_\_\_ Flight School \_\_\_\_\_

## Pilot Information Data required on all pilots who will operate the aircraft.

<b>Pilot No. 1</b>						
Name _____						
Birthdate _____		Soc. Sec. No. _____				
Occupation _____						
Year learned to fly _____		Last Medical _____				
Last BFR _____		In Make/Model A/C _____				
<b>FAA Pilot Certificates Held</b> <input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. _____						
<input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> _____						
Certificate No. _____		Issue Date _____				
<b>Ratings:</b> <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES						
<input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> _____						
<b>Pilot-In-Command Hours</b>						
All Aircraft		This Make & Model		S.E.	Multi	
Total	Last 12 Mo.	Last 90 Days	Total	Last 90 Days	Ret. Gr.	Eng Total
Total	Total Jet	Helicopters		Seaplanes		
	Turbo Prop	Piston Total	Turbine Total	S/E Total	Multi Eng. Total	
<b>Recurrent/Transition Courses:</b> Describe and give dates of last courses attended						
* Current FSI Pro Card or Simuflite _____						
* FAA Pilot Proficiency Award Program participant? _____						
If "Yes", what phase have you completed? _____						
For what type aircraft? _____						
Date completed _____						

<b>Pilot No. 2</b>						
Name _____						
Birthdate _____		Soc. Sec. No. _____				
Occupation _____						
Year learned to fly _____		Last Medical _____				
Last BFR _____		In Make/Model A/C _____				
<b>FAA Pilot Certificates Held</b> <input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. _____						
<input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> _____						
Certificate No. _____		Issue Date _____				
<b>Ratings:</b> <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES						
<input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> _____						
<b>Pilot-In-Command Hours</b>						
All Aircraft		This Make & Model		S.E.	Multi	
Total	Last 12 Mo.	Last 90 Days	Total	Last 90 Days	Ret. Gr.	Eng Total
Total	Total Jet	Helicopters		Seaplanes		
	Turbo Prop	Piston Total	Turbine Total	S/E Total	Multi Eng. Total	
<b>Recurrent/Transition Courses:</b> Describe and give dates of last courses attended						
* Current FSI Pro Card or Simuflite _____						
* FAA Pilot Proficiency Award Program participant? _____						
If "Yes", what phase have you completed? _____						
For what type aircraft? _____						
Date Completed _____						

**EXPLAIN EACH "YES" ANSWER** – With respect to each pilot...

**PILOT NO. 1**

**PILOT NO. 2**

As pilot, any incidents, accidents; any citations for FAR violations or license limitations?  No  Yes  No  Yes

Any physical impairments or limitations or waivers on Medical Certificate?  No  Yes  No  Yes

Any felony convictions or license suspensions arising out of operation of a motor vehicle?  No  Yes  No  Yes

Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?  No  Yes  No  Yes

Will anyone, other than you or the pilots shown above, use your aircraft?  No  Yes  No  Yes

**Aircraft Ownership**

I do not own the aircraft by myself  Names and Addresses of:  Co-Owner(s)  Mortgagee(s)  Lessor(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of any lien or loan, excluding interest and/or finance charges \$ \_\_\_\_\_

Does your lienholder require lienholder's interest insurance (Breach of Warranty)?  No  Yes

**Indicate the coverages desired.**

<u>Coverage</u>	<u>Limits of Coverage</u>
Combined Liability Coverage for bodily injury and property damage	\$ _____ Each Occurrence
Medical Coverage	\$ _____ Each Person
Aircraft Physical Damage Coverage \$ _____ Not in-motion deductible	\$ _____ In-motion deductible      \$ _____ Limit

**Use this space for answering questions.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

NAME AND ADDRESS OF AGENT/BROKER: John C. Ferneding & Associates, Inc.

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



**NEW YORK • ATLANTA • CHICAGO • DALLAS • DENVER • LOS ANGELES  
MEMPHIS • MINNEAPOLIS • PITTSBURGH • SAN FRANCISCO  
ST. LOUIS • SEATTLE • TOLEDO • WICHITA**

John C. Ferneding & Associates, Inc.  
5540 Far Hills Avenue  
Dayton, OH 45429-2227  
Ph (937) 294-1755  
Fax (937) 294-5662