

AIRCRAFT POLICY DECLARATIONS

Policy Number Issued by: (hereinafter called the Company)	[Renewal of Policy Number XXXXXX] BROKER:
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ITEM 1 NAMED INSURED AND MAILING ADDRESS
Named Insured: Mailing Address: Base Airport: Aircraft are predominantly based at: [Airport Name/ID] in the state of [ST] which forms the basis of where this policy is issued.

ITEM 2 POLICY PERIOD
Effective From: _____ To: _____, 12:01 AM Local Time at the MAILING ADDRESS shown above, regardless of where the aircraft is/are predominantly based, or located. In consideration of the payment of premium in ITEM 8 , and subject to all the terms of this aircraft policy, the Company agrees with the Insured to provide the insurance as stated in this policy.

ITEM 3 LIMITS OF LIABILITY	
As Respects the following Aircraft in ITEM 4 only: [Aircraft Reg #, and list]	
Coverage A: Bodily Injury Excluding Passengers :	\$ Not Covered Each Occurrence \$ Not Covered Each Person
Coverage B Property Damage Liability:	\$ Not Covered Each Occurrence
Coverage C: Passenger Liability:	\$ Not Covered Each Occurrence \$ Not Covered Each Passenger
Coverage D: Single Limit Bodily Injury and Property Damage Liability: Including Passengers with Passenger Liability Limited to:	\$ [x,xxx,xxx] Each Occurrence \$ [xxx,xxx] Each Passenger
Coverage E: Medical Expense Including Crew :	\$ [x,xxx] Each Person \$ [x,xxx] Each Occurrence

ITEM 4. AIRCRAFT DESCRIPTION AND AIRCRAFT PHYSICAL DAMAGE COVERAGE:

Coverage letter (Cov. letter) means the **Physical Damage** Coverage as defined in Paragraph 3. Physical Damage Coverage of the Insuring Agreements. Coverage letters "N/C" mean not covered.

Deductibles: "NIM" means Not **In-Motion** and "IM" means **In-Motion, Ingestion, or Mooring** as defined in the Definitions.

Reg. Number	Year	Aircraft Make & Model	Seats		Cov. letter	Deductibles	
			Crew / Pass.	Insured Value		NIM	IM
			/	\$	\$		\$
			/	\$	\$		\$
			/	\$	\$		\$
			/	\$	\$		\$
			/	\$	\$		\$
			/	\$	\$		\$

ITEM 5. PILOTS

When **In Flight** the **aircraft** will be operated only by pilots meeting the requirements of the applicable Pilot Qualification Endorsement and as otherwise stated in this policy.

ITEM 6. AIRCRAFT USE(S)

The **Aircraft** will be used only for the purpose(s) indicated by "X" below (see Definitions)

Reg. Number	Charter/ Air Taxi	Commercial	Instruction and Rental	Industrial Aid	Pleasure and Business	Any use required by the Named Insured	As Endorsed

ITEM 7. OWNERSHIP AND ENCUBRANCES

The **Named Insured** is and shall remain the sole owner of the **aircraft** and the **aircraft** is not subject to any encumbrances other than as endorsed in this policy.

ITEM 8. PREMIUM

Total Physical Damage Premium:	\$	
Total Liability Premium:	\$	
Total Other Premium:	\$	
Total TRIA Premium	\$	TRIA Declined
Total Policy Premium:	\$	
[State Taxes, if applicable]	\$	
[Municipal Taxes, if applicable]	\$	
[Policy Fee, if applicable]	\$	
Total Amount Due and Payable:	\$	

ITEM 9. FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AS OF THE EFFECTIVE DATE

[Endorsement number, comma and list]

THESE DECLARATIONS, TOGETHER WITH THE AIRCRAFT POLICY AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

In Witness Whereof, the Company caused this policy to be executed and attested and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

[signature image]

[signature image]

[Title]

[Title]

Countersigned: _____
Authorized Representative

Date: _____

SAMPLE