BWI AVIATION INSURANCE

Aircraft Application

Named insured, requested coverage and aircraft

Named insured - full legal name and mailing address

Insured phone

Insured email

Customer number

Policy effective date

Policy expiration date

Insurance company

01 Requested coverage

Bodily injury / property damage	Each passenger	Medical / person, incl. crew	Hull ded. NIM	Hull ded. IM

02 Aircraft - up to four

	AIRCRAFT 1	AIRCRAFT 2	AIRCRAFT 3	AIRCRAFT 4
Registration				
Year				
Make				
Model				
Type				
Seats				
Hull value				
Coverage				
Use				
Storage				
Airport ID				
Runway length				
Surface				

03 Additional aircraft questions

1. Do any of the aircraft listed above not have a valid airworthiness certificate that is in full force? ☐ Yes ☐ No
2. Is there any damage to the above aircraft? ☐ Yes ☐ No
3. Is the aircraft equipped with any modifications (other than factory)? ☐ Yes ☐ No
4. Do you anticipate operating the aircraft outside the Continental United States? ☐ Yes ☐ No
5. Will the aircraft be used for any purpose for which a charge is made? ☐ Yes ☐ No
6. Will the aircraft be operated or fitted with skis at any time? ☐ Yes ☐ No
7. Will the aircraft be operated at other than paved public airports? If Yes, where and how often? ☐ Yes ☐ No

Explain any Yes answers, including aircraft registration; if all No, write N/A:

04 Named insured and reported losses

1. The named insured is a: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Nonprofit
2. Has any insurer ever cancelled, or declined to renew your insurance? ☐ Yes ☐ No
3. Name of last or present aircraft insurance company
4. Have you had or reported any claims other than any listed below? ☐ Yes ☐ No

Loss date	Amount paid	Aircraft / pilot	Loss description

Explain any Yes answers to the named-insured questions; if all No, write N/A:

BWI AVIATION INSURANCE

Aircraft Application

Named pilots, explanations, requirements and signatures

05 Named pilots - up to four

	PILOT 1	PILOT 2	PILOT 3	PILOT 4
Full name				
Date of birth License				
Pilot ratings	☐ IFR ☐ CFI ☐ ME ☐ SES ☐ RW	☐ IFR ☐ CFI ☐ ME ☐ SES ☐ RW	☐ IFR ☐ CFI ☐ ME ☐ SES ☐ RW	☐ IFR ☐ CFI ☐ ME ☐ SES ☐ RW
Medical / flight review	Medical Flight review	Medical Flight review	Medical Flight review	Medical Flight review
Total flight hours	Total 12mo	Total 12mo	Total 12mo	Total 12mo
Aircraft make / model				
Hours in make / model	Total 12mo	Total 12mo	Total 12mo	Total 12mo
Tailwheel / floats				
Retractable / multi-engine				
Rotor wing / Alaska				
Turboprop / turbojet				
Other flight time				
Pilot history	☐ Losses ☐ Waivers ☐ Violations	☐ Losses ☐ Waivers ☐ Violations	☐ Losses ☐ Waivers ☐ Violations	☐ Losses ☐ Waivers ☐ Violations
Phone number				
Email address				

IFR Instrument · CFI Instructor · ME Multi-engine · SES Single-engine sea · RW Rotor wing

Pilot acknowledgements - Each pilot confirms the information is true to the best of their knowledge.

Pilot 1 signature	Pilot 2 signature	Pilot 3 signature	Pilot 4 signature
Date signed	Date signed	Date signed	Date signed

06 Additional pilot questions

1. Any accidents, claims, citations, FAR violations or license limitations not listed above? ☐ Yes ☐ No
2. Any Physical impairments, limitations, or waivers on Medical Certificates ☐ Yes ☐ No
3. Any Felony convictions or license suspensions arising out of operation of a motor vehicle? ☐ Yes ☐ No
4. Any convictions for operation of a motor vehicle recklessly or DUI's? ☐ Yes ☐ No

Please explain any Yes answers with respect to each pilot for the past 5 years:

07 Named pilot requirements

08 Open pilot warranty

License / ratings | Aircraft type | Make / model

Other requirements

The following Agent/Broker is authorized to represent: BWI Aviation Insurance Agency, Inc. PO Box 847527, Los Angeles, CA 90084-7527. The applicant hereby represents to the best of his/her knowledge the statements in this application are true. If the information supplied on this application changes between the date of the application and the time when the insurance policy is issued, the applicant will immediately notify the insurance company.

Signature of applicant | Date

Please note: This application contains a basic outline of coverages and does not include all the terms, conditions and exclusions of the policy. The policy contains the full and complete agreement with regard to coverage. In the event of any inconsistency between the application, binder or quotation and the policy, the policy language shall control. This application assumes compliance with FAR's including Medical and BFR requirements.