



RETURN TO:

W. BROWN & ASSOCIATES INSURANCE SERVICES
Aviation Managers for Endurance Insurance Companies
19000 MacArthur Blvd., Suite 600
Irvine, CA 92612

PRODUCER:

Company Name
Address
City State Zip
Tel Fax

REQUIREMENTS: The Addendum (Additional Aircraft) must be completed to provide details on any additional aircraft not shown on the Aircraft Hull & Liability Application and where Aircraft Hull & Liability coverage is desired.

APPLICANT INFORMATION

Applicant
Address
City State Zip

DESCRIPTION OF AIRCRAFT

Table with 3 columns for aircraft details: FAA Registration No., Year, Make, Model, Seating Capacity (Crew/Passenger), Aircraft Type (checkboxes for Turboprop, Turbine/Jet, Rotorwing, etc.), Purchased New or Used, Date of Purchase, Price Paid, Present Value, Engine Hours (Since New/Overhaul).

PHYSICAL DAMAGE COVERAGE

Table with 3 columns for physical damage coverage details: Physical Damage Coverage (All Risk Basis/Not in Motion), Insured Value, Deductible (In/Not In Motion), Current Physical Damage Premium.

**LIABILITY COVERAGE**

Single Limit Bodily Injury & Property Damage	\$ _____	\$ _____	\$ _____
Passenger Liability	<input type="radio"/> Included <input type="radio"/> Excluded	<input type="radio"/> Included <input type="radio"/> Excluded	<input type="radio"/> Included <input type="radio"/> Excluded
And Limited To	\$ _____	\$ _____	\$ _____
Other Limit	\$ _____	\$ _____	\$ _____
Describe	_____	_____	_____
Current Liability Premium	\$ _____	\$ _____	\$ _____
Medical Expense Limit	\$ _____	\$ _____	\$ _____
Current Medical Expense Premium	\$ _____	\$ _____	\$ _____

**PURPOSE & USAGE**

Aircraft Use(s) (Check all that apply)	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business (not flown by professional pilots) <input type="checkbox"/> Instruction & Rental <input type="checkbox"/> Corporate (flown by professional pilots) <input type="checkbox"/> Flying Club <input type="checkbox"/> Photography <input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Agriculture <input type="checkbox"/> Passenger Carrying (For Hire) <input type="checkbox"/> Medical Transport <input type="checkbox"/> Cargo <input type="checkbox"/> Other	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business (not flown by professional pilots) <input type="checkbox"/> Instruction & Rental <input type="checkbox"/> Corporate (flown by professional pilots) <input type="checkbox"/> Flying Club <input type="checkbox"/> Photography <input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Agriculture <input type="checkbox"/> Passenger Carrying (For Hire) <input type="checkbox"/> Medical Transport <input type="checkbox"/> Cargo <input type="checkbox"/> Other	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business (not flown by professional pilots) <input type="checkbox"/> Instruction & Rental <input type="checkbox"/> Corporate (flown by professional pilots) <input type="checkbox"/> Flying Club <input type="checkbox"/> Photography <input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Agriculture <input type="checkbox"/> Passenger Carrying (For Hire) <input type="checkbox"/> Medical Transport <input type="checkbox"/> Cargo <input type="checkbox"/> Other
# Flight Hours in Past 12 months	_____	_____	_____
# Estimated Flight Hours in Next 12 Months	_____	_____	_____

**FINANCIAL**

Applicant Is	<input type="radio"/> Sole Owner <input type="radio"/> Owner Subject to Mortgage or Sales Contract <input type="radio"/> Other	<input type="radio"/> Sole Owner <input type="radio"/> Owner Subject to Mortgage or Sales Contract <input type="radio"/> Other	<input type="radio"/> Sole Owner <input type="radio"/> Owner Subject to Mortgage or Sales Contract <input type="radio"/> Other
Amount of Mortgage	\$ _____	\$ _____	\$ _____
Name/Address of Mortgagee	_____ _____	_____ _____	_____ _____
Mortgagee Requires Breach of Warranty Coverage?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**MODIFICATIONS & AIRWORTHINESS**

Is Operational & Airworthiness Certificate in full effect?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "NO", explain:	_____ _____	_____ _____	_____ _____
Is Operated under an FAA Standard Airworthiness Certificate?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If "NO", explain:	_____ _____	_____ _____	_____ _____

**MODIFICATIONS & AIRWORTHINESS (CONT.)**

Has aircraft and/or engine been modified?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
If "YES", explain:	_____		_____		_____	
	_____		_____		_____	
	_____		_____		_____	
Is there any unrepaired damage (major or minor)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
If "YES", explain:	_____		_____		_____	
	_____		_____		_____	
	_____		_____		_____	

---

The Applicant certifies that the statements in this Application are true and that no material information has been withheld or suppressed. The Applicant agrees that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the Insurer. The Applicant hereby authorizes this Company to investigate all or any qualifications or statements contained herein. The Applicant understands that this application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance. The Applicant acknowledges that this Addendum is subject to all of the same terms and conditions of the application to which it attached.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Name (Please Print) \_\_\_\_\_ Applicant's Title \_\_\_\_\_

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