



**RETURN TO:**

W. BROWN & ASSOCIATES INSURANCE SERVICES  
Aviation Managers for Endurance Insurance Companies  
19000 MacArthur Blvd., Suite 700  
Irvine, CA 92612

**PRODUCER:**

Company Name  
Address  
City State Zip  
Telephone Facsimile

**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**

FAA Registration No.	N	N	N
Year			
Make			
Model			
Seating Capacity	Crew		
	Passenger		
Aircraft Type	Turboprop Turbine/Jet Rotorwing Retractable Gear Tail Wheel Amphibian/Floats Skis Light Sport Home-Built/Experimental	Turboprop Turbine/Jet Rotorwing Retractable Gear Tail Wheel Amphibian/Floats Skis Light Sport Home-Built/Experimental	Turboprop Turbine/Jet Rotorwing Retractable Gear Tail Wheel Amphibian/Floats Skis Light Sport Home-Built/Experimental
Purchased New or Used	New Used	New Used	New Used
Date of Purchase			
Price Paid by Applicant			
Present Value			
Engine Hours	Since New Since Overhaul		

**PHYSICAL DAMAGE COVERAGE**

Physical Damage Coverage	All Risk Basis All Risk Not In Motion	All Risk Basis All Risk Not In Motion	All Risk Basis All Risk Not In Motion
Insured Value			
Deductible (In Motion)			
Deductible (Not In Motion)			
Current Physical Damage Premium			

**LIABILITY COVERAGE**

Single Limit Bodily Injury & Property Damage

Passenger Liability

Included  
Excluded

Included  
Excluded

Included  
Excluded

And Limited to

Other Limit

Describe

Current Liability Premium

Medical Expense Limit (Per Person)

Current Medical Expense Premium

**PURPOSE & USAGE**

Aircraft Use(s)

(Check ALL that Apply)

Pleasure  
Business (Not Flown By Professional Pilots)  
Instruction & Rental Corporate (Flown By Professional Pilots)  
Flying Club  
Photography  
Patrol Flights  
Banner Towing  
Agriculture  
Passenger Carrying (For Hire)  
Medical Transport  
Cargo  
Other

Pleasure  
Business (Not Flown By Professional Pilots)  
Instruction & Rental Corporate (Flown By Professional Pilots)  
Flying Club  
Photography  
Patrol Flights  
Banner Towing  
Agriculture  
Passenger Carrying (For Hire)  
Medical Transport  
Cargo  
Other

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Instruction & Rental Corporate (Flown By Professional Pilots)  
Flying Club  
Photography  
Patrol Flights  
Banner Towing  
Agriculture  
Passenger Carrying (For Hire)  
Medical Transport  
Cargo  
Other

No. Flight Hours in Past 12 Months

No. Estimated Flight Hours in Next 12 Months

**FINANCIAL**

Applicant Is

Sole Owner  
Owner Subject to Mortgage or Sales Contract  
Other

Sole Owner  
Owner Subject to Mortgage or Sales Contract  
Other

Sole Owner  
Owner Subject to Mortgage or Sales Contract  
Other

Amount of Mortgage

Name/Address of Mortgagee

Does mortgagee require Breach of Warranty coverage?

Yes No

Yes No

Yes No

**MODIFICATIONS & AIRWORTHINESS**

Is Operational & Airworthiness Certificate in full effect?

Yes No

Yes No

Yes No

If "NO", explain:

Is operated under an FAA Standard Airworthiness Certificate?

Yes No

Yes No

Yes No

If "NO", explain:

**MODIFICATIONS & AIRWORTHINESS (CONT.)**

Has aircraft and/or engine been modified?	Yes	No	Yes	No	Yes	No
If "YES", explain:						
Is there any unrepaired damage (major or minor) to aircraft?	Yes	No	Yes	No	Yes	No
If "YES", explain:						

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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 is 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's Signature

Date