



Check which is desired:
Quotation
Insurance

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

APPLICANT INFORMATION

Applicant
Address
City State Zip
E-Mail Address Telephone
Applicant Is (Check one) Individual(s) Corporation Partnership Other
Requested Policy Term From To

DESCRIPTION OF AIRCRAFT

If the Applicant is applying for more than three aircraft to be insured, the Applicant must attach the Addendum (Additional Aircraft) providing details for aircraft other than those listed below. The Addendum (Additional Aircraft) may be found at http://www.wbais.com.

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

Physical Damage Coverage options: 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	<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:	_____ _____	_____ _____	_____ _____

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:	_____	_____	_____	_____	_____	_____

AIRCRAFT OPERATIONS

Airport Name _____ City _____ State _____

Airport is Public Private

Tower-controlled? Yes No

Runway paved? Yes No

Aircraft parking? Hangared Tied

Runway Length _____

Will aircraft be operated other than at paved public airports? Yes No

If "YES", where _____

Will aircraft be operated outside the 48 contiguous US states? Yes No

If "YES", where? _____ Purpose? _____ Frequency? _____

How frequently does applicant use non-owned aircraft? _____

Does applicant own other aircraft? Yes No

If "YES", list make(s)/model(s) _____

PILOT INFORMATION

If the Applicant is applying for coverage on more than one pilot, the Applicant must attach the *Addendum (Pilot Experience)* providing details for each pilot other than that listed below. The *Addendum (Pilot Experience)* may be found at <http://www.wbais.com>.

Pilot Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer (if not Applicant) _____ How Long? _____ Years

LICENSES, CERTIFICATES & RATINGS

Driver's License No. _____

Airman's Certificate No. _____

Medical Certificate

Date _____

Class _____

Are any physical impairments, waivers, limitations or conditions attached? Yes No

If "YES", explain _____

Biennial Flight Review

Date _____

For what Make/Model? _____

Instrument Proficiency Check Ride

Date _____

For what Make/Model? _____

LICENSES, CERTIFICATES & RATINGS (CONT.)

Certificate or Rating Type
(Check all that apply)

- Student
- Private
- Commercial
- Airline Transport Pilot

- Single Engine Land
- Multi-Engine Land
- Instrument

- Rotorwing
- Seaplane
- Floats

For student pilots, provide name of instructor and flight school giving instruction _____

Aircraft Type & Rating _____

Mechanic Rating	Aircraft	<input type="radio"/> Yes	<input type="radio"/> No
	Power Plant	<input type="radio"/> Yes	<input type="radio"/> No

LOGGED PILOT HOURS

Total logged civilian pilot hours Pilot In Command _____ Co-Pilot _____

Total logged military flight hours Pilot In Command _____ Co-Pilot _____

Please provide a complete breakdown of logged Pilot In Command hours (civilian and military combined):

Make/Models (In Application) _____	Retractable Gear _____	Seaplane _____
Rotorwing (Turbine) _____	Turboprop _____	Floats _____
Rotorwing (Piston) _____	Turbine Jet _____	Last 90 Days _____
Multi-engine (Less Than 12,5000 lbs) _____	Instrument Flight _____	Last 12 Months _____
Multi-engine (More Than 12,5000 lbs) _____	Tail Wheel _____	

POLICY-SPECIFIC AIRCRAFT

Make & model Aircraft for which approval is sought

Total logged Pilot In Command hours in this Aircraft

Has the pilot attended Factory School in this make & model? Yes No

If "YES", name & location of training _____

Date of training _____

Is recurrent training scheduled? Yes No

If "YES", date of training _____

EXCEPTIONS

Has Pilot's FAA or DOT license ever been suspended or revoked? Yes No

If "YES", explain _____

Has Pilot ever had an accident, incident or violation? Yes No

If "YES", explain _____

Have you ever had an application for Aircraft Insurance declined by an Insurance Company? Yes No

If "YES", explain _____

Have you ever been convicted or pleaded guilty to a charge of reckless driving or driving under the Influence of alcohol or drugs? Yes No

If "YES", explain _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

List all claims occurring during the last 5 years other than those associated to Workers Compensation. Should more space be required to report additional losses, the Applicant must attach the Addendum (Loss History) to provide details for such losses. The Addendum (Loss History) may be downloaded at <http://www.wbais.com>. Attach loss runs provided by your insurance company if available.

<u>Date Of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE (CONT.)

<u>Date Of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
_____	_____	\$ _____	\$ _____	\$ _____
Are loss amounts shown above reduced by a deductible?				<input type="radio"/> Yes <input type="radio"/> No
If "YES", specify amount _____				
Are loss amounts shown above reduced by a self-insured retention?				<input type="radio"/> Yes <input type="radio"/> No
If "YES", specify amount _____				
Has any insured cancelled, declined, or refused to renew the Applicant's insurance?				<input type="radio"/> Yes <input type="radio"/> No
If "YES", explain _____				
Name of <input type="radio"/> last or <input type="radio"/> present aviation insurance company: _____				Expiration date: _____

OTHER INFORMATION

Please provide any other information relevant to this application:

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.

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 _____

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE-SPECIFIC PROVISIONS

- Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to fines and confinement in prison.
- Kentucky** 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.
- Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Main** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- Maryland** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- New York** **All commercial insurance forms, except as provided for automobile insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor

vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 1. Material to the risk assumed by us; or
 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

Puerto Rico Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Rhode Island Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.