



Check which is desired:      Quotation  
Insurance

**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

**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>.

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

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

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:						

**AIRCRAFT OPERATIONS**

Airport Name	City	State	FAA Airport Identifier (if applicable)	
Airport Is			Public	Private
Tower-controlled?			Yes	No
Runway paved?			Yes	No
Aircraft parking?			Hangared	Tie Down
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 the applicant use non-owned aircraft?			Yes	No
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				Date of Birth
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	Single Engine Land	Rotorwing
	Private	Multi-Engine Land	Seaplane
	Commercial	Instrument	Floats
	Airline Transport Pilot		

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

Aircraft Type & Rating

Mechanic Rating?	Aircraft	Yes	No
	Power Plant	Yes	No

**LOGGED PILOT HOURS**

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

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

Makes/Models (In Application)	Retractable Gear	Seaplane
Rotorwing (Turbine)	Turboprop	Floats
Rotorwing (Piston)	Turbine Jet	Last 90 days
Multi-engine (Less Than 12,500 lbs.)	Instrument Flight	Last 12 months
Multi-engine (More Than 12,500 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 Applicant's FAA for DOT license ever been suspended or revoked? Yes      No

    If "YES", explain

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

    If "YES", explain

Has Applicant ever had an application for Aircraft Insurance declined by an Insurance Company? Yes      No

    If "YES", explain

Has Applicant 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 of 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? If "YES", specify amount		Yes	No
	Are loss amounts shown above reduced by a self-insured retention? If "YES", specify amount		Yes	No
	Has any insurer canceled, declined or refused to renew the Applicant's insurance? If "YES", explain		Yes	No
	Name of last or 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's 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.