



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 \_\_\_\_\_  
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>.

	N _____	N _____	N _____
FAA Registration No.	_____	_____	_____
Year	_____	_____	_____
Make	_____	_____	_____
Model	_____	_____	_____
Seating Capacity	_____	_____	_____
Crew	_____	_____	_____
Passenger	_____	_____	_____
Aircraft Type	<input type="checkbox"/> Turboprop <input type="checkbox"/> Turbine/Jet <input type="checkbox"/> Rotorwing <input type="checkbox"/> Retractable Gear <input type="checkbox"/> Tail Wheel <input type="checkbox"/> Amphibian/Floats <input type="checkbox"/> Skis <input type="checkbox"/> Light Sport <input type="checkbox"/> Home-Built/Experimental	<input type="checkbox"/> Turboprop <input type="checkbox"/> Turbine/Jet <input type="checkbox"/> Rotorwing <input type="checkbox"/> Retractable Gear <input type="checkbox"/> Tail Wheel <input type="checkbox"/> Amphibian/Floats <input type="checkbox"/> Skis <input type="checkbox"/> Light Sport <input type="checkbox"/> Home-Built/Experimental	<input type="checkbox"/> Turboprop <input type="checkbox"/> Turbine/Jet <input type="checkbox"/> Rotorwing <input type="checkbox"/> Retractable Gear <input type="checkbox"/> Tail Wheel <input type="checkbox"/> Amphibian/Floats <input type="checkbox"/> Skis <input type="checkbox"/> Light Sport <input type="checkbox"/> Home-Built/Experimental
Purchased New or Used	<input type="radio"/> New <input type="radio"/> Used	<input type="radio"/> New <input type="radio"/> Used	<input type="radio"/> New <input type="radio"/> Used
Date of Purchase	_____	_____	_____
Price Paid By Applicant	\$ _____	\$ _____	\$ _____
Present Value	\$ _____	\$ _____	\$ _____
Engine Hours	_____	_____	_____
Since New	_____	_____	_____
Since Overhaul	_____	_____	_____

**PHYSICAL DAMAGE COVERAGE**

Physical Damage Coverage	<input type="radio"/> All Risk Basis <input type="radio"/> All Risk Not in Motion	<input type="radio"/> All Risk Basis <input type="radio"/> All Risk Not in Motion	<input type="radio"/> All Risk Basis <input type="radio"/> 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 O Included O Excluded O Included O Excluded O Included O 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)
[ ] 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
# Flight Hours in Past 12 months \_\_\_\_\_
# Estimated Flight Hours in Next 12 Months \_\_\_\_\_

**FINANCIAL**

Applicant Is O Sole Owner O Owner Subject to Mortgage or Sales Contract O Other
Amount of Mortgage \$ \_\_\_\_\_
Name/Address of Mortgagee \_\_\_\_\_
Mortgagee Requires Breach of Warranty Coverage? O Yes O No

**MODIFICATIONS & AIRWORTHINESS**

Is Operational & Airworthiness Certificate in full effect? O Yes O No
If "NO", explain: \_\_\_\_\_
Is Operated under an FAA Standard Airworthiness Certificate? O Yes O No
If "NO", explain: \_\_\_\_\_



**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.