

SKY SURANCE

AIRCRAFT

INSURANCE

APPLICATION

Applicant's Name _____
 Mailing Address _____
 Effective from _____ until _____ Both at 12:01 AM standard time at the address above.
 Business of Applicant _____ Number of Years in Business _____
 Former Business Names _____
 Applicant is: Individual(s) Partnership Corporation Holding Company Government
 Other (describe) _____
 and owned, controlled, or a subsidiary of _____
 Is Applicant incorporated solely for ownership of the aircraft? _____

LIABILITY COVERAGE	Limits of Liability Requested		Premium
	Each Person	Each Occurrence	
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Property Damage Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Passenger Bodily Injury Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Single Limit _____ cluding Passengers <input type="checkbox"/> With Passenger Liability Limited To:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other Liability (Specify)	\$ _____	\$ _____	\$ _____

CHEMICAL LIABILITY COVERAGE "AERIAL APPLICATION ONLY"	Limits of Liability Requested			Premium
	Each Person	Each Occurrence	Aggregate Limit	
Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____	\$ _____
Property Damage Liability	Not Applicable	\$ _____	\$ _____	\$ _____
Single Limit Property Damage & Bodily Injury, Excluding Passengers	Not Applicable	\$ _____	\$ _____	\$ _____
Check Appropriate <input type="checkbox"/> XC-seeds and fertilizers only <input type="checkbox"/> RC - Restricted Chemical Chemical Category <input type="checkbox"/> CC-Comprehensive Chemical, including <input type="checkbox"/> Farmer/Owner/Grower <input type="checkbox"/> Adjacent Fields <input type="checkbox"/> Crops Treated <input type="checkbox"/> Picloram P.D. Claims Reimbursement: \$ _____ each occurrence arising from chemicals \$ _____ arising from other than chemicals				

PHYSICAL DAMAGE COVERAGE	Amount of Insurance (must be equal to current market value)	Deductibles	Premium
<input type="checkbox"/> All Risk: Ground and Flight	\$ _____	IN MOTION INGESTION MOORED <input type="checkbox"/> \$1000 NOT IN MOTION <input type="checkbox"/> \$ 5000 <input type="checkbox"/> \$ 250. <input type="checkbox"/> _____ Any Other IN MOTION \$ _____	\$ _____
<input type="checkbox"/> All Risk: Not in Flight	\$ _____		\$ _____
<input type="checkbox"/> All Risk: Not in Motion	\$ _____		\$ _____

TOTAL POLICY PREMIUM \$ _____

CONTINUED ON REVERSE SIDE

AIRCRAFT If Airworthiness Certificate other than Standard or Normal, please indicate category:

Describe any STC's, modifications or unrepaired damage:

MAKE & MODEL	YEAR	REGISTRATION NUMBER	SEATING CAPACITY		LAND SEA AMPHIBIAN ROTOWING	PURCHASED		PRICE PAID BY APPLICANT (INC. EXTRAS)	PRESENT ESTIMATED VALUE (INC. EXTRAS)	ENGINE HRS. SINCE NEW OR SINCE LAST major overhaul	ENGINE MAKE & MODEL AND HP
						NEW	USED				
1											
2											

Aircraft usually based at _____ Hangared Tied-out
(Name of Home Airport, give details of runway length, construction & all obstructions)

Does Applicant hangar, service, repair or crew other aircraft? _____ Describe _____

Are any unapproved airports or unpaved runways used? _____ Describe _____

Is any aircraft registered under other names than Applicant's name above? _____ Describe _____

Describe all navigation outside the USA & Canada _____

List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. List attached

Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? _____

Applicant is: Sole Owner of the aircraft Owner subject to mortgage or conditional sales contract

Other - explain _____

If aircraft is mortgaged, name and address of mortgagee _____

Amount of mortgage (excluding interest and finance charges) \$ _____

Will Breach of Warranty Coverage be required by mortgagee? _____

Are any other Aircraft owned by, rented or used by or on behalf of Applicant? _____

Model Aircraft	Uses	No. of hours per year
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PILOTS NAMES

All pilots who will regularly operate the insured aircraft must complete a "PILOT QUALIFICATIONS" form:

PURPOSE OF USE

CHECK ALL APPLICABLE USES

- | | | |
|---|---|--|
| <input type="checkbox"/> Pleasure or <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose) | <input type="checkbox"/> Instruction | <input type="checkbox"/> Rental (Commercial) |
| <input type="checkbox"/> Corporate- Executive (flown only by professional pilots employed for this purpose) | <input type="checkbox"/> Flying Club | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Passenger Carrying for Hire (Charter/Air Taxi) | <input type="checkbox"/> Air Ambulance (Charter/Air Taxi) | <input type="checkbox"/> Freight Carrying (Charter/Air Taxi) |
| <input type="checkbox"/> Pipeline/Powerline Patrol | <input type="checkbox"/> Banner Towing | <input type="checkbox"/> Aerial Application (see below) |
| <input type="checkbox"/> List all other uses not indicated above (explain) _____ | | |

AERIAL APPLICATION ONLY

Please fill out this section if you have checked "Aerial Application" under the PURPOSE OF USE Section above

List all states where you conduct aerial application _____

Describe applicants violation of any law or regulation governing aerial application operations _____

Describe any owned/operated ground spraying equipment and type of use _____

Show the percentage each represents to the total:

Application of Glyphosate _____% Piclorams _____% Hormone Herbicides _____% Insecticides _____% Other _____%

Application to Orchards/Groves _____ Vineyards _____ Forest/Tree Farms _____ Exotic Fruits/Vegetables _____ Other _____

Name of last Aircraft _____ (if none so state) _____ Exp. date _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred the last five years _____

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or canceled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes No If so, explain. (Note: Missouri applicants Do Not Respond)

NOTICE TO NEW YORK APPLICANTS: "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, 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."

NOTICE TO OHIO APPLICANTS: "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."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO PENNSYLVANIA APPLICANTS: "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."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO COLORADO APPLICANTS: "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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO MAINE APPLICANTS: "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 A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW MEXICO APPLICANTS: "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"

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO VIRGINIA APPLICANTS: "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."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X _____ Today's Date
Applicant's Signature

Producer SKYSURANCE AGENCY, INC. /THOMAS A. DUS
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