PASSEY BOND CO., INC.

Aviation Insurance Specialists

P.O. Box 819 ♦ Mesa, Arizona 85211 ♦ (480) 969-2291 ♦ (480) 833-4833 FAX

Named Insured:_____

Address:_____

Business/Occupation:_____ Effective Date:_____

Phone:_____ Business Phone:_____

AIRCRAFT

Year/Make/Model of Aircraft	FAA Number	Total Seats	Engine Hours	Engine HP

Aircraft usually based and Hangared Tied Down at (City/State):_____
Airport:_____ Private Airport Public Airport Paved Runways? YES NO

COVERAGES/LIMITS

LIABILITY COVERAGES	Each Person	Each Occurrence	PREMIUMS
A. Bodily Injury, excluding passengers	$	$	$
B. Passenger Bodily Injury	$	$	$
C. Property Damage	XXXX	$	$
D. Single Limit of Bodily Injury & Property Damage, __cluding passengers	$	Each Occurrence	$
DL. Single Limit Bodily Injury and Property Damage Liability including limited Passenger Bodily Injury Liability	$ $	Each Occurrence Limited to: Each person	$
E. Medical Payments, ___cluding crew	$	$	$

PHYSICAL DAMAGE COVERAGE	Agreed Value	Deductible	
F. While Not In Motion	$	$	
G. While in Motion	$	$	$
Other Coverages	TOTAL ANNUAL PREMIUM		$

PURPOSE OF USE

Pleasure & Business Charter/Air Taxi Flying Club Instruction/Rental Commercial Special Use Defined As:_____

OWNERSHIP INFORMATION

Applicant is Sole Owner without liens except as indicated:
Owner subject to lien with Lienholders interest or Loss Payee Lessee or Lessor (if a lease agreement exists, attached is copy)
Other – Explain on separate sheet

Name/Address of Lienholder:_____Present Amount$_____

PILOT INFORMATION SECTION

NAME	CERTIFICATES/RATINGS						TOTAL LOGGED HOURS						DATE OF LAST	
	AGE	STU	PVT	CML	RECB	RATING	TOTAL	LAST 90 DAY	RG	ME	TW	MM	MED	BFR

Open Pilot Provisions:_____ _____ _____

Special Pilot Requirements:_____

Flight Training: YES NO Annually: YES NO Simulator Based: YES NO

Name of Provider:_____Date Last Attended:_____

APPLICANT SECTION

Applicant is Individual Corporation Co-Ownership/Partnership (Name all Partners):_____

Name of Last or Present Aviation Insurance Company _____ Expiration Date_____

AIRCRAFT/AIRCRAFT OPERATIONS SECTION

A.	Does the aircraft have other than a standard airworthiness certificate in full effect?	Yes	No
B.	Are there any other aircraft owned by the applicant?	Yes	No
C.	Has aircraft been equipped with any modifications not provided by manufacturer?	Yes	No
D.	Do you anticipate aircraft to be operated outside the continental United States?	Yes	No
E.	Will aircraft be normally operated from other than paved public airports?	Yes	No
F.	Will aircraft be used for student or pilot instruction other than for recurrent training of pilots listed in Pilot Section?	Yes	No
G.	Will other than the applicant and pilots listed in Pilot Section have use of the aircraft?	Yes	No
H.	Will aircraft be used for any purpose(s) for which a charge is made?	Yes	No
I.	Is there any un-repaired damage to aircraft?	Yes	No
J.	Has applicant had any aircraft/aviation losses/claims during the last three (3) years?	Yes	No
K.	Do any pilots named in Pilot Section have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their medical certificate?	Yes	No
L.	Has any pilot named above had any convictions, suspensions, or revocations for FAR violation, use or possession of drugs, or reckless or drunk driving?	Yes	No
M.	Has any pilot named above ever been involved in any accident or incident?	Yes	No

REMARKS SECTION

Please explain any "YES" answers in the space below, referring to Section and Item Number:

ACKNOWLEDGEMENT SECTION

I/We certify all statements or representations contained on both pages of this application are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any un-repaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

I/We authorize **PASSEY-BOND CO., INC**. to represent me/us in obtaining an insurance quote.

Applicant's Signature:_____ DATED:_____
(insert name of authorized individual)

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