



Phone: (800) 432-8519 / (407) 886-3322
Fax: (407) 889-0101

Insure@AlexanderAviation.Com
http://www.AlexanderAviation.com

7 W. Main St., Suite 100
Apopka, FL 32703

Advanced Aircraft Insurance Application

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Principal Owners: \_\_\_\_\_

Business of Principal Owners: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Number of Years with Current Management: \_\_\_\_\_

N Number: \_\_\_\_\_ Year / Make / Model: \_\_\_\_\_ Total Seats: \_\_\_\_\_

Insured Value / Purchase Price: \_\_\_\_\_ Requested Limit of Liability: \_\_\_\_\_

Home Airport(s): \_\_\_\_\_

Estimated Annual Flight Hours: Part 91: \_\_\_\_\_ Part 91 "Dry Lease": \_\_\_\_\_ Part 135: \_\_\_\_\_

Average Passenger Load: Part 91: \_\_\_\_\_ Part 91 "Dry Lease": \_\_\_\_\_ Part 135: \_\_\_\_\_

International Destinations: \_\_\_\_\_ Est. # of International Flights: \_\_\_\_\_

Please attach a completed Alexander Aviation Pilot History Form for each pilot.

Questionnaire

- 1. Will anyone not previously named as a pilot operate, receive training or otherwise log hours in the Applicant's aircraft?
2. Will any aircraft be operated by fewer than two crew at any time?
3. Are any of the pilots not full-time employees or provide pilot services to others more than 20% of the time?
4. Has any pilot not completed the manufacturer's recurrent training program within the last 12 months?
5. Do any of the pilots have any ownership interest in any of the aircraft?
6. Are any pilots or employee passengers not covered by separate Worker's Compensation insurance?
7. Has any pilot logged fewer than 100 flight hours in the preceding 12 months?
8. Does any pilot have fewer than 250 flight hours in the aircraft he or she will be operating?
9. Are any of the aircraft based outside the continental United States over 40% of the year?
10. Does the applicant hangar, service, repair or crew other aircraft not on this policy?
11. Does the applicant operate, charter or train in any other aircraft not on this policy?
12. Has the applicant, operator or any named pilot had any aviation accidents, incidents, violations, aviation insurance claims or automotive DUI convictions within the last 5 years?

Please explain all "Yes" answers on separate pages.

FRAUD WARNING: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claims or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

UNDERSIGNED AFFIRMS: This information is correct to the best of my/our knowledge and belief and no information is being withheld or suppressed. I authorize the insurance company to make any investigation as it may deem appropriate. I appoint Alexander Aviation Associates as my/our Agent of Record for this insurance.

SIGNED:

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_