



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

### Aerial Survey / Patrol / Photography Aircraft Application

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

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

Name of Operator (if other than Applicant): \_\_\_\_\_

List any FAA, Association or Manufacturer Certifications: \_\_\_\_\_

*If any aircraft is managed by a party other than the owner, please provide a copy of the agreement between owner and operator.*

#### Aerial Survey Aircraft Information

Year, Make, Model	FAA No.	Total Seats	Limit of Liability	Insured Value	Estimated Annual Flight Hours		Operated Since
					Survey	Other	
1.				\$			
2.				\$			
3.				\$			
4.				\$			
5.				\$			
6.				\$			
7.				\$			

*Please attach additional pages as required to include all aircraft operated by the applicant.*

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

Runway length(s): \_\_\_\_\_

Published Precision Instrument Approach?  No  Yes \_\_\_\_\_

Total Aerial Survey Flight Hours Estimated In the Next 12 Months: \_\_\_\_\_

#### Vendor List

*Include Names and Locations of primary vendors providing following services: (Include agreements if available)*

**Aircraft Storage** \_\_\_\_\_

Agreement attached  No Agreement

**Fueling** \_\_\_\_\_

Agreement attached  No Agreement

**Airframe / Engine Maintenance** \_\_\_\_\_

Agreement attached  No Agreement

**Avionics Maintenance** \_\_\_\_\_

Agreement attached  No Agreement

**Camera / Survey Equipment** \_\_\_\_\_

Agreement attached  No Agreement



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Survey Pilot Roster

Table with 5 columns: Pilot Name, Date of Birth, Employee or Contractor, Aerial Survey Hours (Total), Aerial Survey Hours (Last 12 Months)

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

Questionnaire

- 1. Will anyone not named above conduct aerial survey or be paid for the operation of the Applicant's aircraft?
2. Are any of the pilots or photographers not full-time employees or provide pilot services to others more than 20% of the time?
... 19. Have there been any changes in ownership, upper management or chief pilot in the last 12 months?

Please explain all "Yes" answers below. Attach additional pages as required.

Blank lines for explaining 'Yes' answers.

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 investigations as it may deem appropriate. I appoint Alexander Aviation Associates as my/our Agent of Record for this insurance.

SIGNED:

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