



Phone: (800) 432-8519 / (407) 886-3322  
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Insure@AlexanderAviation.Com  
http://www.AlexanderAviation.com

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

### Instruction / Rental 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 registered owner, please provide a copy of the agreement.*

#### Aircraft Information

Year, Make, Model	FAA No.	Total Seats	Insured Value	Estimated Annual Flight Hours		Operated Since
				Rental	Dual	
1.			\$			
2.			\$			
3.			\$			
4.			\$			
5.			\$			
6.			\$			
7.			\$			

*Please attach additional pages as required to include all aircraft.*

Home Airport(s): \_\_\_\_\_ Years in Business: \_\_\_\_\_

Total Open Rental / Solo Flight Hours: \_\_\_\_\_ Multi-Engine Aircraft: \_\_\_\_\_ All Fleet Aircraft (Total): \_\_\_\_\_

Flight Training Curriculum in Use (Ex. Jeppesen, King, etc.): \_\_\_\_\_

Director of Operations: \_\_\_\_\_ Director of Maintenance: \_\_\_\_\_

Chief CFI: \_\_\_\_\_ Asst. Chief CFI: \_\_\_\_\_

#### Vendor List

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

**Aircraft Storage:** \_\_\_\_\_  Agreement attached  No Agreement

**Aircraft Fueling:** \_\_\_\_\_  Agreement attached  No Agreement

**Airframe Maintenance:** \_\_\_\_\_  Agreement attached  No Agreement

**Engine Maintenance:** \_\_\_\_\_  Agreement attached  No Agreement

**Avionics Maintenance:** \_\_\_\_\_  Agreement attached  No Agreement

**Other Pilot Services:** \_\_\_\_\_  Agreement attached  No Agreement



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Flight Instructor Roster

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

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

Questionnaire

- 1. Will anyone not named above give training or be paid for the operation of the Applicant's aircraft?
2. Are any of the pilots not full-time employees or provide pilot services to others more than 20% of the time?
3. Do any of the instructors have any ownership interest in any of the aircraft?
4. Are any pilots or employee passengers not covered by separate Worker's Compensation insurance?
5. Has any instructor logged fewer than 100 flight hours in the preceding 12 months?
6. Does any instructor have fewer than 100 flight hours in the aircraft he or she will be operating?
7. Does any multi-engine instructor have fewer than 250 hours in mutli-engine aircraft?
8. Are any instructors under 25 years of age?
9. Will the aircraft be operated outside the continental United States?
10. Will any aircraft be flown for hire for purposes other than flight instruction?
11. Do any of the aircraft have modifications, conversions or STC's installed?
12. Does the Applicant/Operator directly employ in-house maintenance personnel?
13. Have any of the maintenance personnel not completed the manufacturer's maintenance course?
14. Does the applicant hangar, service, repair or crew other aircraft not listed above?
15. Does the applicant operate, charter or train in any other aircraft not listed above?
16. Has the applicant, operator or any named pilot had any aviation accidents, incidents, violations, or automotive DUI convictions within the last 5 years?
17. 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: