



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

Turbine-Powered Aircraft Renewal Application

Name of Applicant: _____

Address: _____

Principal Owners: _____

Business of Principal Owners: _____

Name of Manager: _____ Number of Years with Current Management: _____

Flight Safety Foundation member? [] Yes [] No NBAA member? [] Yes [] No

ARG/US Certified? [] Yes: _____ [] No Wyvern Wingman Network? [] Yes [] No

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

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? [] No [] Yes
2. Will any aircraft be operated by fewer than two crew at any time? [] No [] Yes
3. Are any of the pilots not full-time employees or provide pilot services to others more than 20% of the time? [] No [] Yes
4. Has any pilot not completed the manufacturer's recurrent training program within the last 12 months? [] No [] Yes
5. Do any of the pilots have any ownership interest in any of the aircraft? [] No [] Yes
6. Are any pilots or employee passengers not covered by separate Worker's Compensation insurance? [] No [] Yes
7. Has any pilot logged fewer than 100 flight hours in the preceding 12 months? [] No [] Yes
8. Does any pilot have fewer than 250 flight hours in the aircraft he or she will be operating? [] No [] Yes
9. Are any of the aircraft based outside the continental United States over 40% of the year? [] No [] Yes
10. Does the applicant hangar, service, repair or crew other aircraft not on this policy? [] No [] Yes
11. Does the applicant operate, charter or train in any other aircraft not on this policy? [] No [] Yes
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? [] No [] Yes

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: _____