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Aircraft Insurance Application

Name of Applicant:
Address:
Principal Owners:
Business of Principal Owners:
Home Airport:
International Destinations:
Present Insurance Agent and Carrier:
N Number:
Insured Value / Purchase Price:

Pilots

Table with 4 columns: PILOT #1, PILOT #2, PILOT #3 and rows for Last Name, First Name, Date of Birth, Certificates / Ratings, Total Logged Hours, Complex Hours, Multi-Engine Hours, Hours in this Make / Model.

Questionnaire

- 1. Will anyone not previously named as a pilot operate, receive training or otherwise log hours in the Applicant's aircraft?
2. Do any of the pilots have any ownership interest in any of the aircraft?
3. Has any pilot logged fewer than 100 flight hours in the preceding 12 months?
4. Does any pilot have fewer than 250 flight hours in the aircraft he or she will be operating?
5. Are any of the aircraft based outside the continental United States over 40% of the year?
7. Does the applicant operate, charter or train in any other aircraft not on this policy?
8. 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?
9. Does any pilot not have a current medical and flight review appropriate to the certificate they hold?

Please explain all "Yes" answers. Attach separate pages as required.

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: