

EAA Flight School Insurance Application

Administered by: Falcon Insurance Agency, Inc. P.O. Box 291388 Kerrville, TX 78029 866.647.4322

				EΑ	Λ#:						eaafalcon@	falconinsura	nce.com
NAME OF API	PLICANT (Inc	luding D/E	A'S and	Holding	Compa	nies):							
ADDRESS:													
BUSINESS OF	R CORPORAT	TION OF A	APPLICAN	NT:									
APPLICANT IS	S: INDIV	IDUAL(S)	Пс	ORPO	RATION	□ PA	RTNERSHIP		HOLDING	СОМ	PANY 0	THER	
F THE APPLIC			10 Ti	LIST T	HE OWI	NER OF T	HE HOLDING	СОМ	PANY ALONG	S WIT	TH OCCUPATION	OR BUSIN	ESS:
S APPLICAN	T INCORPOR	ATED SO	LELY FO	R THE	OWNER	RSHIP OF	THE AIRCRA	AFT?	YES [NC)		
NSURANCE I	IS REQUESTE	ED FROM	12:01 A.I	M.		ТО	12:01 A.M.						
AIRCRAFT IN							AIRCRAFT RE	QUIF	RING COVER	AGE	:		
	LEET EXCEEDS	S 10 AIRCE	AFT, PLEA	ASE AT								Char	2000
Aircraft Reg. No.	Year	r, Make, and	d Model		Crew	PAX PAX	Aircraft Base Airport		Aircraft Insured /alue Requested		Liability Limit Requested	Storage Hangared Tied	
2.													
3.													
Aircraft Reg. No.	Estimated Annual Utilization	Annual Charter		Comme	Average PAX Load		Average PAX Profile (Employee Guest)			Owned/Financed/Leased/ Lienholder/Lessor		Amount Financed if Applicable	
l.													
2.													
3.													
		ED 1 0 E											
PHYSICAL D	AMAGE COV		Coverge T	vpe					REQUES	TED I	DEDUCTIBLES		
Aircraft Reg. No.	Ground an	Not in Flight		Not	in Motion	IN MOTIO Amount (\$) o		OTION		NOT IN MOTIO (Amount (\$) or 9			
i.			1				\$			%	\$		%
							\$			%	\$		%
3.							\$			%	\$		%
	*								*				
PILOT INFOR	MATION						NT'S AIRCRA ETED PILOT Q				HIN THIS APPLICATTACHED.	CATION ARE	ONLY
NAME OF PILOT			DATE OF	BIRTH	FU	LL TIME/C	ONTRACT PI		PIC/SIC		PIC MM	SIC MM	
1.													
2.													
3.													
1.													
GENERAL IN	FORMATION												
HOW LONG F	CONTRACTOR OF THE PARTY OF THE		D OR OF	PERAT	ED AIR	CRAFT?							
ARE ANY AIR							ES NO	IF	YES, PLEAS	E AN	ISWER THE FOI	LLOWING:	
	NGLE PILOT I												

EAA#:

AVERAGE PAX LOAD DURING SINGLE PILOT OPERATIONS:
ANY SINGLE PILOT AIR CHARTER OR COMMERCIAL OPERATION HOURS? YES NO IF YES, ANNUAL USAGE:
DO ANY OWNERS OR NON-PROFESSIONAL PILOTS OPERATE AIRCRAFT TO BE INSURED? YES NO IF YES, DESCRIBE:
DOES THE APPLICANT OPERATE AIRCRAFT NOT INSURED ON THIS POLICY? YES NO IF YES, DESCRIBE:
DO ANY EMPLOYEES OF THE APPLICANT (INCLUDING PILOTS) OPERATE AIRCRAFT NOT INSURED ON THIS POLICY IN THE COURSE OF THE APPLICANT'S BUSINESS? YES NO IF YES, DESCRIBE:
DO ANY OF THE APPLICANTS CHARTER AIRCRAFT? YES NO IF YES, DESCRIBE:
DOES THE APPLICANT PARTICIPATE IN ANY DRY LEASE, WET LEASE, TIME SHARE, RENTAL AGREEMENTS OR ANY OPERATION OF THE AIRCRAFT IN WHICH A CHARGE IS MADE? YES NO IF YES, DESCRIBE:
DO YOU ANTICIPATE USE OF TEMPORARY SUBSTITUTE AIRCRAFT DURING SERVICING OR MAINTENANCE OF APPLICANT'S AIRCRAFT? YES NO IF YES, DESCRIBE PURPOSE, TYPES OF AIRCRAFT TO BE USED AND ANTICIPATED ANNUAL UTILIZATION: AREAS OF AIRCRAFT OPERATION: U.S.A. ALASKA CANADA MEXICO OTHER COUNTRIES (LIST BELOW):
THE STATE OF THE COUNTY OF THE
MAINTENANCE
DOES APPLICANT PERFORM THEIR OWN MAINTENANCE? YES NO
NAME OF MAINTENANCE SUPERVISOR AND NUMBER OF YEARS IN THIS POSITION:
HAS APPLICANT'S MAINTENANCE PERSONNEL COMPLETED MANUFACTURER'S MAINTENANCE SCHOOLS FOR AIRCRAFT TYPE INSURED? YES NO IF YES, DESCRIBE:
DO APPLICANTS MAINTENANCE PERSONNEL RECEIVE RECURRENT TRAINING? YES NO IF YES, DESCRIBE:
ARE AIRCRAFT OPERATED UNDER ANY SPECIAL MAINTENANCE PROGRAM?

FAA#

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OUTSIDE MAINTENANCE PERFORMED BY:
DO MAINTENANCE PERSONNEL SERVICE, MAINTAIN OR REPAIR AIRCRAFT BELONGING TO OTHERS YES NO IF YES, DESCRIBE:
PREMISES
PLEASE LIST AIRPORTS IN WHICH AIRCRAFT IS ROUTINELY HANGARED:
TYPE OF HANGAR CONSTRUCTION:
WHAT TYPE OF SUPPRESSION SYSTEM EXISTS WITHIN THE APPLICANT'S HANGAR(S):
PRIMARY HANGAR IS: OWNED LEASED NAME OF LANDLORD:
DO YOU HANGAR, TIE-DOWN OR MOVE ANY AIRCRAFT BELONGING TO OTHERS: YES NO IF YES, DESCRIBE:
DOES APPLICANT HAVE ANY RETAIL FUEL AND OIL SALES? YES NO
IF YES, INCLUDE ANNUAL GALLONAGE:
·
INSURANCE AND CLAIMS HISTORY
HAS ANY DAMAGE BEEN SUSTAINED OR CLAIMS BY OTHERS ARISING FROM THE OPERATION OF ANY AIRCRAFT OWNED BY OR IN THE CUSTODY OF THE APPLICANT?
☐ YES ☐ NO
IF YES, DESCRIBE:
HAS ANY INSURANCE COMPANY OR UNDERWRITER AT ANY TIME CANCELLED OR REFUSED TO RENEW A POLICY HELD BY THE APPLICANT OR ANY OF THE PILOTS NAMED HEREIN IN REGARDS TO ANY TYPE OF INSURANCE?
☐ YES ☐ NO
IF YES, DESCRIBE:
NAME OF CURRENT OR MOST RECENT AVIATION INSURANCE COMPANY (IF NONE, SO STATE):
CURRENT POLICY EXPIRATION DATE:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERTOCOMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN:

ALABAMA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ARKANSAS

PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR

THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE. INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

PENNSYLVANIA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA AND WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

RHODE ISLAND AND WEST VIRGINIA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY

EAA#:

PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.								
Applicant's Signature(s):	Date:							
THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.								
NAME OF PERSON COMPLETING APPLICATION:								
RELATION TO APPLICANT / NAMED INSURED:								
NAME OF AGENT OR BROKER:								
ADDRESS:								
ARE YOU THE HOLDING PRODUCER: YES NO IF YES, FOR HOW MANY YEARS:								