

UNMANNED AIRCRAFT INSURANCE APPLICATION

Applicant's Name _____

Address _____

STREET
CITY
STATE/PROVINCE
ZIP/POSTAL CODE

Is this address located on, or adjacent to, an airport? Yes No

Effective from _____ until _____ Both at 12:01 AM standard time at the address above.

Business of Applicant _____ Number of Years in Business _____

Former Business Names _____

Applicant is: Individual(s) Partnership Corporation Holding Company Government
 Other (describe) _____

and is owned, controlled, or a subsidiary of _____

Is Applicant incorporated solely for ownership of the aircraft? _____

Has Applicant obtained a Certificate of Waiver or Authorization (CoA) from the FAA? Yes No

Name of last Aircraft insurance carrier (if none so state) _____ Exp. Date _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years.

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes No If so, explain. (Note: Missouri applicants Do Not Respond)

PILOT/OPERATOR NAME(S)

All pilots/operators who will regularly control the applicant's aircraft must complete a "UAS PILOT/OPERATOR QUALIFICATIONS" form:

MAINTENANCE

Is all maintenance performed on the aircraft, and its individual components, completed in accordance to manufacturer guidelines? Yes No

Is a record of all maintenance maintained? Yes No

LIABILITY COVERAGE	Limits of Liability Requested	
	Each Person	Each Occurrence
<input type="checkbox"/> Bodily Injury Liability	\$	\$
<input type="checkbox"/> Property Damage Liability	X X X X X	\$
<input type="checkbox"/> Single Limit Bodily Injury and Property Damage Liability	X X X X X	\$
<input type="checkbox"/> Crew Medical Payments	\$	\$
<input type="checkbox"/> Other Liability (Specify) _____	\$	\$

AIRCRAFT INFORMATION (If more than one unmanned aircraft is to be covered please complete this page for each)

PHYSICAL DAMAGE COVERAGE

	Amount of Insurance	Deductibles
<input type="checkbox"/> All Risk: Ground and Flight	\$ _____	<small>IN MOTION, IN FLIGHT, OR MOORED</small> <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Other <small>NOT IN MOTION</small> \$ _____
<input type="checkbox"/> All Risk: Not in Flight	\$ _____	
<input type="checkbox"/> All Risk: Not in Motion	\$ _____	

Make and Model: _____

Registration Number (if applicable): _____ Manufacturer's Serial No. _____

If aircraft has no registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim:

Date Purchased: _____ New or Used: _____ Price Paid: \$ _____

Present Estimated Value with all attached equipment/and any modifications made since purchase: \$ _____

Aircraft Type: Fixed-wing Rotor-wing Balloon Glider Single-engine Multi-engine
(CHECK ALL THAT APPLY)

Does this aircraft burn combustible fuel? Yes, type _____ No

Normal Control: Manually flown Semi-autonomous Fully autonomous

Type of launch: Traditional takeoff Hand Rail
 Other (please describe) _____

Type of recovery: Traditional landing Net/Line capture Parachute
 Other (please describe) _____

Maximum Gross Take-Off Weight (including all installed/carried equipment and payload (Specify lbs./Kg.)) _____

Wingspan/Rotor Diameter (Specify cm, in, feet, or meters) _____ Maximum Endurance (in hours) _____

Maximum Operating Altitude (in feet) _____ Maximum Range (Specify feet, yards, meters, miles, or kilometers) _____

Does the aircraft have the ability to independently detect and avoid other aerial traffic? Yes No

In the event of a lost link between the ground control station and the aircraft, does the UAV contain an automated recovery program that allows for it to safely return to a predetermined point? Yes (please describe procedure below) No

Are there redundancies built in for the aircraft's propulsion system? Yes No

Are there redundancies built in for the aircraft's flight control surfaces? Yes No

Are there redundancies built in for the aircraft's navigation/communication systems? Yes No

Aircraft Manufacturer's website: _____

Website (e.g. YouTube) where video of UAV can be viewed: _____

PURPOSE OF USE

CHECK ALL APPLICABLE USES

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Police | <input type="checkbox"/> Fire | <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Wildlife Observation | <input type="checkbox"/> Construction/Engineering | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Video/Film Production | <input type="checkbox"/> Communications | <input type="checkbox"/> Pipeline/Powerline Patrol | <input type="checkbox"/> Flight Testing/Demonstration |
| <input type="checkbox"/> Thermal Imagery | <input type="checkbox"/> Aerial Marketing | <input type="checkbox"/> Employee Training | <input type="checkbox"/> Crop Management |
| <input type="checkbox"/> Mapping | <input type="checkbox"/> Military (Non-Combat) | <input type="checkbox"/> Cargo/Freight Carrying | <input type="checkbox"/> Real Estate Sales |
| <input type="checkbox"/> Atmospheric/Weather Research | <input type="checkbox"/> List all other uses not indicated above (explain) | | |

If different from the Applicant's address, please provide the address of location where aircraft is/are normally stored

STREET

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

Is this address located on, or adjacent to, an airport? Yes No

Describe the security measures and fire protection in place at the location where the aircraft is/are stored:

Who employs the pilot(s)/operator(s) of the aircraft to be insured? Applicant Other (explain) _____

Estimated number of hours the aircraft to be insured is/are to fly in the coming 12 months: _____ Number of flights/missions: _____

Does Applicant hangar/store, service, repair or crew other aircraft? _____ Describe _____

List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. List Attached

Has any applicant, or officer or partner thereof, or pilot/operator been convicted in or indicted in a legal action involving drugs? _____

Applicant is: Sole Owner of the aircraft Owner subject to mortgage or conditional sales contract
 Other - explain _____

If aircraft is mortgaged, name and address of mortgagee _____

Amount of mortgage (excluding interest and finance charges) \$ _____

Will Breach of Warranty Coverage be required by mortgagee? _____

Are any other Aircraft (manned or unmanned) owned by, rented or used by or on behalf of Applicant? _____

Model Aircraft _____ Uses _____ No. of hours per year _____

OPERATING ENVIRONMENT/CHARACTERISTICS

CHECK ALL APPLICABLE EXPOSURES

- Urban (City centers, heavily populated areas)
- Industrial (Near numerous non-residential buildings)
- Over water (rivers/ponds/small lakes)
- Night operations
- IFR weather operations
- Suburban/Semi-Urban (numerous nearby buildings/moderate population)
- Rural (Limited, if any, exposure to people and property)
- Over open water (large lakes/seas/oceans)
- Severe Weather
- Other (describe)

Does any pre- and/or in-flight communication with Air Traffic Control take place for a typical mission/flight? Yes No

How many visual observers are used for a typical mission/flight? (Do not include pilot/operator) _____

Maximum distance aircraft is anticipated to fly from ground control station (Specify feet, yards, meters, miles, or kilometers) _____

Maximum anticipated altitude (AGL) for typical mission/flight (Specify feet or meters) _____

Longest anticipated duration of any single-flight (in hours) _____

List all countries where missions/flights are anticipated to take place _____

For applicants anticipating missions/flights within the U.S., please list specific states where operations are expected: _____

FRAUD WARNINGS

(last updated 1/13)

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FRAUD WARNINGS CONTINUED

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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, 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

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

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

FRAUD WARNINGS CONTINUED

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 § 3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

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

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

X _____
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
Email Address _____

UAS PILOT/OPERATOR QUALIFICATIONS FORM

Named Insured _____ Make & Model Aircraft to be Flown _____

Your Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Occupation _____ Show percent of work time spent on non-flying duties _____ %

Employed by _____ Since _____ Full Time Part Time

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Business Phone () _____ Home Phone () _____

List previous employers and position for last 5 years _____

Are you a certificated pilot? Yes No *Based on answer to this question, please complete applicable section below.*

Certificated Pilot	Airman Certificate Number: _____ Limitations: _____ CURRENT CERTIFICATES AND RATINGS <input type="checkbox"/> Student: Since _____ DATE <input type="checkbox"/> Instrument <input type="checkbox"/> Instructor _____ CLASS <input type="checkbox"/> Private <input type="checkbox"/> Single Engine - Land <input type="checkbox"/> Type rated in _____ TYPE OF AIRCRAFT <input type="checkbox"/> Commercial <input type="checkbox"/> Single Engine - Sea <input type="checkbox"/> Glider <input type="checkbox"/> Airline (ATP) <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Light Sport Aircraft <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Multi-Engine - Land <input type="checkbox"/> A&P Mechanic <input type="checkbox"/> Multi-Engine - Sea <input type="checkbox"/> Other _____
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Non-Certificated Pilot	Have you successfully completed an FAA (or equivalent) Private Pilot ground instruction course? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to the question above, have you passed the FAA (or equivalent) Private Pilot written examination? <input type="checkbox"/> Yes (Date Passed _____) <input type="checkbox"/> No
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MEDICAL CERTIFICATE INFORMATION:

Do you hold a current and valid Medical Certificate? Yes No

Class: _____ Expiration Date: _____

Limitations: _____

Date manufacturer's training for specific UAS to be insured was completed: _____

Date qualified by aircraft owner/employer on the specific UAS to be insured: _____

Date of last manufacturer/employer Proficiency Check for specific UAS to be insured (if applicable): _____

ADDITIONAL TRAINING APPLICABLE TO UNMANNED AIRCRAFT

Name & Location of School/Training Provider _____	UAS Model _____	Date _____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
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INITIAL MANUFACTURER'S TRAINING
 RECCURENCY TRAINING
 CREW RESOURCE MANAGEMENT (CRM)
 SIMULATOR PROFICIENCY/RECURRENT

UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY

ITEMIZED PILOT-IN-COMMAND / PRIMARY OPERATOR EXPERIENCE WITH UNMANNED AIRCRAFT

UAS GROUP	MAKE(S) & MODEL(S)	NUMBER OF MISSIONS FLOWN / LAUNCHES / RECOVERIES			
		TOTAL	LAST 90 DAYS	LAST 30 DAYS	LAST 12 MONTHS
INSURED MAKE AND MODEL		/ /	/ /	/ /	/ /
GROUP 1 (MGTOW 0-20 lbs.)		/ /	/ /	/ /	/ /
GROUP 2 (MGTOW 21-55 lbs.)		/ /	/ /	/ /	/ /
GROUP 3 (MGTOW < 1,320 lbs.)		/ /	/ /	/ /	/ /
GROUP 4 (MGTOW > 1,320 lbs.) (OPERATING ALT. < FL180)		/ /	/ /	/ /	/ /
GROUP 5 (MGTOW > 1,320 lbs.) (OPERATING ALT. > FL180)		/ /	/ /	/ /	/ /

MANNED AIRCRAFT PILOT EXPERIENCE AND CURRENCY (APPLICABLE FOR CERTIFICATED PILOTS)

Total Logged Pilot-In-Command hours for all manned aircraft _____

Total Logged hours in all manned aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS OF MANNED AIRCRAFT

CLASS	MAKE(S) & MODEL(S)	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
FIXED WING SINGLE ENGINE PISTON						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER						
GLIDER / BALLON						

Date of last logged satisfactorily accomplished Biennial Flight Review (if applicable): _____ Make and Model _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam (if applicable): _____ Make and Model _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check (if applicable): _____ Make and Model _____

FLIGHT & GROUND SCHOOL TRAINING COURSES APPLICABLE TO MANNED AIRCRAFT

Name & Location of School	Type of Aircraft	Date	Graduated
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			

CONTINUED ON FOLLOWING PAGE

-ANSWER ALL QUESTIONS-

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever had an aircraft claim, incident or accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been cited or fined for violation of an aviation regulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your pilot certificate ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been convicted of a felony or are you under indictment for a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has your drivers license ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had or been treated for a chemical dependency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you regularly using any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain fully each "Yes" answer _____

USE EXTRA PAGE(S) TO FULLY EXPLAIN

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

X

PILOT'S/OPERATOR'S SIGNATURE

TODAY'S DATE

Producer _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____ Email Address _____