



APPLICATION FOR AEROBATIC AIRCRAFT INSURANCE

Applicant's Name: _____

IAC Member Number:

Mailing Address: _____

Effective from: _____ until _____

Both at 12:01 a.m. standard time at the address above.

LIABILITY COVERAGE	Limits of Liability Requested		Premium
	Each Person	Each Occurrence	
<input type="checkbox"/> Single Limit including Passengers	XXXXXXX	\$	\$
<input type="checkbox"/> With Passenger Liability Limited to:	\$	\$	\$
<input checked="" type="checkbox"/> Medical Payments	\$ 5,000	\$	INCLUDED
<input type="checkbox"/> Airshow For-Hire Endorsement	EXCLUDING PASSENGERS		\$
<input type="checkbox"/> Dual Instruction For-Hire Endorsement			\$
<input type="checkbox"/> Other			

PHYSICAL DAMAGE COVERAGE				Not In Motion	In Motion	Canopy	
Deductibles				\$250	\$250	\$ 250	
N Number	Year	Make / Model	Seats	Use	Agreed Value		
1				<input type="checkbox"/> Personal / Aerobatics <input type="checkbox"/> Airshows for Hire <input type="checkbox"/> Dual Instruction <input type="checkbox"/> Sales / Demonstration	\$ <input type="checkbox"/> Full Flight <input type="checkbox"/> Ground Only	<input type="checkbox"/> Standard <input type="checkbox"/> Experimental	\$
2				<input type="checkbox"/> Personal / Aerobatics <input type="checkbox"/> Airshows for Hire <input type="checkbox"/> Dual Instruction <input type="checkbox"/> Sales / Demonstration	\$ <input type="checkbox"/> Full Flight <input type="checkbox"/> Ground Only	<input type="checkbox"/> Standard <input type="checkbox"/> Experimental	\$
3				<input type="checkbox"/> Personal / Aerobatics <input type="checkbox"/> Airshows for Hire <input type="checkbox"/> Dual Instruction <input type="checkbox"/> Sales / Demonstration	\$ <input type="checkbox"/> Full Flight <input type="checkbox"/> Ground Only	<input type="checkbox"/> Standard <input type="checkbox"/> Experimental	\$

TOTAL POLICY PREMIUM: \$ _____

Does any aircraft listed above have un-repaired damage? No Yes (describe): _____

Are all aircraft listed above airworthy and within 12 months of their last annual inspection? Yes No (describe): _____

Is any aircraft registered under other names that Applicant's name above? No Yes (describe): _____

PILOT(S) NAMES

All pilots who will regularly operate the insured aircraft **must complete a "Pilot Experience Questionnaire" form**. List all names and uses below.

1 -	<input type="checkbox"/> Personal or Repositioning	<input type="checkbox"/> Competitive Aerobatics	<input type="checkbox"/> Airshows	<input type="checkbox"/> Dual Instruction
2 -	<input type="checkbox"/> Personal or Repositioning	<input type="checkbox"/> Competitive Aerobatics	<input type="checkbox"/> Airshows	<input type="checkbox"/> Dual Instruction
3 -	<input type="checkbox"/> Personal or Repositioning	<input type="checkbox"/> Competitive Aerobatics	<input type="checkbox"/> Airshows	<input type="checkbox"/> Dual Instruction
4 -	<input type="checkbox"/> Personal or Repositioning	<input type="checkbox"/> Competitive Aerobatics	<input type="checkbox"/> Airshows	<input type="checkbox"/> Dual Instruction
5 -	<input type="checkbox"/> Personal or Repositioning	<input type="checkbox"/> Competitive Aerobatics	<input type="checkbox"/> Airshows	<input type="checkbox"/> Dual Instruction

AIRCRAFT FINANCIAL ENCOMBERANCES

Applicant is: Sole Owner of all aircraft Owner subject to mortgage or conditional sales contract (explain): _____

ACCIDENTS / LOSSES

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), for all years.

PRIOR INSURANCE

Name of last Aircraft Insurance carrier (if none, so state): _____ Exp. Date: _____

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 Yes, explain. (Note: Missouri applicants Do Not Respond) _____

ADDITIONAL EXPLANATIONS, COMMENTS, OR REQUESTS

AUTHORIZED SIGNATURES

APPLICANT'S SIGNATURE

DATE

TITLE

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

STATE FRAUD WARNINGS

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 subjects such person to criminal and civil penalties.

NOTICE TO ARKANSAS 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 in the third degree.

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 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.

NOTICE TO NEW MEXICO 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 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, 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 S.S. 3613.1)

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 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 UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO VIRGINIA 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.