

APPLICANT INFORMATION

Applicant _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Telephone _____

Applicant is (Check one) Individual(s) Corporation Partnership Other _____

Requested Policy Term From _____ to _____

DESCRIPTION OF AIRCRAFT

If the Applicant is applying for more than three aircraft to be insured, the Applicant must attach the Addendum (Additional Aircraft) providing details for aircraft other than those listed below. The Addendum (Additional Aircraft) may be found at <http://www.wbais.com>.

FAA Registration No.	N _____	N _____	N _____
Year	_____	_____	_____
Make	_____	_____	_____
Model	_____	_____	_____
Seating Capacity	_____	_____	_____
Crew	_____	_____	_____
Passenger	_____	_____	_____
Aircraft Type	<input type="checkbox"/> Turboprop <input type="checkbox"/> Turbine/Jet <input type="checkbox"/> Rotowing <input type="checkbox"/> Retractable Gear <input type="checkbox"/> TailWheel <input type="checkbox"/> Amphibian/Floats <input type="checkbox"/> Skis <input type="checkbox"/> Light Sport <input type="checkbox"/> Home-Built/Experimental	<input type="checkbox"/> Turboprop <input type="checkbox"/> Turbine/Jet <input type="checkbox"/> Rotowing <input type="checkbox"/> Retractable Gear <input type="checkbox"/> TailWheel <input type="checkbox"/> Amphibian/Floats <input type="checkbox"/> Skis <input type="checkbox"/> Light Sport <input type="checkbox"/> Home-Built/Experimental	<input type="checkbox"/> Turboprop <input type="checkbox"/> Turbine/Jet <input type="checkbox"/> Rotowing <input type="checkbox"/> Retractable Gear <input type="checkbox"/> TailWheel <input type="checkbox"/> Amphibian/Floats <input type="checkbox"/> Skis <input type="checkbox"/> Light Sport <input type="checkbox"/> Home-Built/Experimental
Purchased New or Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> New <input type="checkbox"/> Used
Date of Purchase	_____	_____	_____
Price Paid by Applicant	\$ _____	\$ _____	\$ _____
Present Value	\$ _____	\$ _____	\$ _____
Engine Hours	_____	_____	_____
Since New	_____	_____	_____
Since Overhaul	_____	_____	_____

PHYSICAL DAMAGE COVERAGE

Physical Damage Coverage	<input type="checkbox"/> All Risk Basis <input type="checkbox"/> All Risk Not in Motion	<input type="checkbox"/> All Risk Basis <input type="checkbox"/> All Risk Not in Motion	<input type="checkbox"/> All Risk Basis <input type="checkbox"/> All Risk Not in Motion
Insured Value	\$ _____	\$ _____	\$ _____
Deduction (In Motion)	\$ _____	\$ _____	\$ _____
Deductible (Not in Motion)	\$ _____	\$ _____	\$ _____
Current Physical Damage Premium	\$ _____	\$ _____	\$ _____

LIABILITY COVERAGE

Single Limit Bodily Injury & Property Damage \$ _____
Passenger Liability Included Excluded
And Limited To \$ _____
Other Limit \$ _____
Describe _____
Current Liability Premium \$ _____
Medical Expense Limit \$ _____
Current Medical Expense Premium \$ _____

\$ _____
 Included Excluded
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
 Included Excluded
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

PURPOSE & USAGE

Aircraft Use(s) (Check all that apply)
 Pleasure
 Business (not flown by professional pilots)
 Instruction & Rental
 Corporate (flown by professional pilots)
 Flying Club
 Photography
 Patrol Flights
 Banner Towing
 Agriculture
 Passenger Carrying (For Hire)
 Medical Transport
 Cargo
 Other

Pleasure
 Business (not flown by professional pilots)
 Instruction & Rental
 Corporate (flown by professional pilots)
 Flying Club
 Photography
 Patrol Flights
 Banner Towing
 Agriculture
 Passenger Carrying (For Hire)
 Medical Transport
 Cargo
 Other

Pleasure
 Business (not flown by professional pilots)
 Instruction & Rental
 Corporate (flown by professional pilots)
 Flying Club
 Photography
 Patrol Flights
 Banner Towing
 Agriculture
 Passenger Carrying (For Hire)
 Medical Transport
 Cargo
 Other

Flight Hours in Past 12 months _____
Estimated Flight Hours in Next 12 Months _____

FINANCIAL

Applicant is Sole Owner
 Owner Subject to Mortgage or Sales Contract
 Other

Sole Owner
 Owner Subject to Mortgage or Sales Contract
 Other

Sole Owner
 Owner Subject to Mortgage or Sales Contract
 Other

Amount of Mortgage \$ _____

\$ _____

\$ _____

Name/Address of Mortgagee

Mortgagee Requires Breach of Warranty Coverage? Yes No

Yes No

Yes No

MODIFICATIONS & AIRWORTHINESS

Is Operational & Airworthiness Certificate in full effect? Yes No

Yes No

Yes No

If NO, explain:

Is Operated under an FAA Standard Airworthiness Certificate? Yes No

Yes No

Yes No

If NO, explain:

Has aircraft and/or engine been modified?

Yes No

Yes No

Yes No

If YES, explain:

Is there any unrepaired damage (major or minor)?

Yes No

Yes No

Yes No

If YES, explain:

AIRCRAFT OPERATIONS

Airport Name _____ City _____ State _____

Airport is Public Private

Tower-Controlled Yes No

Runway paved? Yes No

Aircraft parking? Hangared No

Runway Length _____

Will aircraft be operated other than at paved public airports? Yes No

If YES, where? _____

Will aircraft be operated outside the 48 contiguous US states? Yes No

If YES, where? _____ Purpose? _____ Frequency? _____

How frequently does applicant use non-owned aircraft? _____

Does applicant own other aircraft? Yes No

If YES, list make(s)/models) _____

PILOT INFORMATION

If the Applicant is applying for coverage on more than one pilot, the Applicant must attach the *Addendum (Pilot Experience)* providing details for each pilot other than that listed below. The *Addendum (Pilot Experience)* may be found at <http://www.wbais.com>.

Pilot Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer (if not Applicant) _____ How Long? _____ Years

LICENSES, CERTIFICATES & RATINGS

Driver's License No. _____ Airman's Certificate No. _____

Medical Certificate

Date _____

Class _____

Are any physical impairments, waivers, limitations or conditions attached? Yes No

If YES, explain _____

Biennial Flight Review

Date _____

For what Make/Model? _____

Instrument Proficiency Check Ride

Date _____

For what Make/Model? _____

LICENSES, CERTIFICATES & RATINGS (CONT.)

Certificate or Rating type
(Check all that apply)

- Student
- Private
- Commercial
- Airline Transport Pilot

- Single Engine Land
- Multi-Engine Land
- Instrument

- Rotorwing
- Seaplane
- Floats

For student pilots, provide name of instructor and flight school giving instruction _____

Aircraft Type & Rating _____

Mechanic Rating _____ Aircraft _____ Yes No
 Power Plant _____ Yes No

LOGGED PILOT HOURS

Total logged civilian pilot hours _____ Pilot in Command _____ Co-Pilot _____

Total logged military flight hours _____ Pilot in Command _____ Co-Pilot _____

Please provide a complete breakdown of logged Pilot In Command hours (civilian and military combined):

Make/Models (In Application) _____	Retractable Gear _____	Seaplane _____
Rotorwing (Turbine) _____	Turboprop _____	Floats _____
Rotorwing (Piston) _____	Turbine Jet _____	Last 90 Days _____
Multi-engine (Less Than 12,500 lbs) _____	Instrument Flight _____	Last 12 Months _____
Multi-engine (More Than 12,500 lbs) _____	Tail Wheel _____	

POLICY-SPECIFIC AIRCRAFT

Make & model Aircraft for which approval is sought _____

Total logged Pilot In Command hours in this Aircraft _____

Has the pilot attended Factory School in this make & model? Yes No

If YES, name & location of training _____

Date of Training _____

Is recurrent training scheduled? Yes No

If "YES", date of training _____

EXCEPTIONS

Has Pilot's FAA or DOT license ever been suspended or revoked? Yes No

If "YES", explain _____

Has Pilot ever had an accident, incident or violation? Yes No

If "YES", explain _____

Have you ever had an application for Aircraft Insurance declined by an Insurance Company? Yes No

If "YES", explain _____

Have you ever been convicted or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs? Yes No

If "YES", explain _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

List all claims occurring during the last 5 years other than those associated to Workers Compensation. Should more space be required to report additional losses, the Applicant must attach the Addendum (Loss History) to provide details for such losses. The Addendum (Loss History) may be downloaded at <http://www.wbais.com>. Attach loss runs provided by your insurance company if available.

<u>Date Of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE (CONT.)

<u>Date Of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
_____	_____	\$ _____	\$ _____	\$ _____

Are loss amounts shown above reduced by a deductible? Yes No
If "YES", explain _____

Are loss amounts shown above reduced by a self-insured retention? Yes No
If "YES", explain _____

Has any insured cancelled, declined, or refused to renew the Applicant's insurance? Yes No
If "YES", explain _____

Name of last or present aviation insurance company _____ Expiration Date _____

OTHER INFORMATION

Please provide any other information relevant to this application.

The Applicant agrees that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the Insurer. The Applicant hereby authorizes this Company to investigate all or any qualifications or statements contained herein. The Applicant understands that this application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance.

FRAUD WARNING: 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 and subjects such person to criminal and civil penalties.

Applicant's Name (Please Print) _____ Applicant's Title _____

Applicant Signature _____ Date _____