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7 W. Main St., Suite 100
Apopka, FL 32703

Advanced Aircraft Insurance Application

Name of Applicant: _____

Address: _____

Principal Owners: _____

Business of Principal Owners: _____

Name of Manager: _____ Number of Years with Current Management: _____

Present Insurance Agent and Carrier: _____ Expiration Date: _____

N Number: _____ Year / Make / Model: _____ Total Seats: _____

Insured Value / Purchase Price: _____ Requested Limit of Liability: _____

Home Airport(s): _____

Estimated Annual Flight Hours: Part 91: _____ Part 91 "Dry Lease": _____ Part 135: _____

Average Passenger Load: Part 91: _____ Part 91 "Dry Lease": _____ Part 135: _____

International Destinations: _____ Est. # of International Flights: _____

Please attach a completed Alexander Aviation Pilot History Form for each pilot.

Questionnaire

- 1. Will anyone not previously named as a pilot operate, receive training or otherwise log hours in the Applicant's aircraft?
2. Will any aircraft be operated by fewer than two crew at any time?
3. Are any of the pilots not full-time employees or provide pilot services to others more than 20% of the time?
4. Has any pilot not completed the manufacturer's recurrent training program within the last 12 months?
5. Do any of the pilots have any ownership interest in any of the aircraft?
6. Are any pilots or employee passengers not covered by separate Worker's Compensation insurance?
7. Has any pilot logged fewer than 100 flight hours in the preceding 12 months?
8. Does any pilot have fewer than 250 flight hours in the aircraft he or she will be operating?
9. Are any of the aircraft based outside the continental United States over 40% of the year?
10. Does the applicant hangar, service, repair or crew other aircraft not on this policy?
11. Does the applicant operate, charter or train in any other aircraft not on this policy?
12. 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?

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: _____