

NON-OWNED & RENTERS AVIATION INSURANCE APPLICATION



Wells Insurance
One N. 3rd Street
Wilmington, NC 28401
Phone: 910-762-8551
Fax 910-254-9404

Named Insured & Address:		Current Insurance Company:	
E-Mail Address:		Effective Date:	
Business or Occupation of Applicant:			
Insurance is requested from: 12:01 AM to 12:01 AM			
Phone: Residence ()	Phone: Business ()	Cell Phone ()	

PILOT INFORMATION

NAME OF PILOT	Date of Birth	Certification (s) & Ratings Please List	Medical Certificate		Hours Logged as Pilot in Command		
			Date	Class	All Aircraft Total	SEL	MEL
FAA Certificate Number			Date of Last Biennial Flight Review				
Details of other proficiency training							
For Flight Instructors:	Do You hold a Master CFI designation?. Yes () No ()						

Type of Aircraft usually rented or borrowed : _____

What is the greatest seating capacity of aircraft to be used? _____ Average Seating Capacity? _____

Aircraft to be used is usually based at (City & State): _____ Airport: _____

Are any flights contemplated outside continental U.S.? () Yes () No If "Yes", where: _____

COVERAGES AND LIMITS

COVERAGE	LIMITS
Non-Owned Bodily Injury and property Damage Excluding Loss of Use of Non-Owned Aircraft (Required)	
() \$ 250,000 Each occurrence and/or accident	\$ 25,000 Bodily Injury Insurance, each passenger
() \$ 500,000 Each occurrence and/or accident	\$ 50,000 Bodily Injury Insurance, each passenger
() \$1,000,000 Each occurrence and/or accident	\$ 50,000 Bodily Injury Insurance, each passenger
() \$1,000,000 Each occurrence and/or accident	\$ 100,000 Bodily Injury Insurance, each passenger
() \$1,000,000 Each occurrence and/or accident	\$ 200,000 Bodily Injury Insurance, each passenger
Medical Limits :	
() \$ 1,000 each person	
() \$ 3,000 each person	
() \$ 5,000 each person	
() \$10,000 each person	
Physical Damage Liability to Non-Owned Aircraft Including Loss of Use of Non-owned Aircraft (Optional)	
() Not Desired	
() \$ 2,500 each occurrence	
() \$ 5,000 each occurrence	
() \$ 10,000 each occurrence	
() \$ 25,000 each occurrence	
() \$ 50,000 each occurrence	
() \$ 75,000 each occurrence	
() \$100,000 each occurrence	
() \$100,000 each occurrence	
() \$200,000 each occurrence	

**USAGE AND OPERATION**

() Pleasure and Business () Fly on behalf of my Employer () Limited Commercial

() Instruction of: (Name of Student): _____

() Special Uses – Please Describe: _____

SUPPLEMENTAL QUESTIONS

Does the aircraft to be rented have OTHER than a standard airworthiness certificate in full effect?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Are there any other aircraft owned by the applicant?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the aircraft been equipped with modifications not provided by the manufacturer?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Will the aircraft be normally operated in OTHER than paved public airports?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Will the aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the "Pilot Information" Section of this application?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Will other than the applicant and pilots listed in the "Pilot Information" Section of this application have use of the aircraft?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" Section of this application ever been involved in any aircraft accident?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" Section of this application ever been cited for violation of any aviation regulation in any country?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" Section of this application ever had an FAA, Military, or other pilot certificate suspended or revoked?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Does the applicant listed in the "Pilot Information" Section of this application have any; (a) physical impairments, (b) waivers, limitations, conditions on their medical certificates or on their airman certificates? If "Yes" please explain.	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" Section of this application ever been convicted of or plead guilty to a felony, possession of drugs, or of driving while intoxicated?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Please Explain any "Yes" answer in the space below or on a separate sheet of paper:	

MINIMUM PILOT REQUIREMENTS

I understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot designated on this document who has at least the certificates, ratings, and pilot experience indicated, and who, is qualified for the flight involved.

INITIAL _____.

USE REQUIREMENTS

I understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

INITIAL _____.

AIRWORTHYNESS REQUIREMENTS

I understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate in full effect

INITIAL _____.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I 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 and/or statements contained herein.

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 hereto commits a fraudulent insurance act, which is a crime.

I authorize _____ to represent me/us in placing this insurance.

Date: _____ Applicant's Signature (s): _____

Insurance Agent or Broker's Signature: _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.