

OWNED AIRCRAFT INSURANCE APPLICATION

	Wells Insurance One North Third Street Wilmington, NC 28411 Phone: 910-762-8551 Fax: 910-254-9404	
Named Insured & Address:		
E-Mail Address:		
Business Occupation:		
Insurance is requested from: 12:01 AM to 12:01 AM		
Phone: Residence ()	Phone: Business ()	Phone: Cell ()

AIRCRAFT **Land** () **Sea** () **Anphib** ()

Year	Make & Model	FAA Number	Total Seats	Crew	Pass.	Engine H.P.

Aircraft usually based and () Hangared () Tied Down at (Airport Name): _____

Airport: I.D./Identifier: _____ () Private Airport () Public Airport Paved Runways Yes () No ()

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

COVERAGES AND LIMITS

LIABILITY LIMITS DESIRED

Combined Single Limit Bodily Injury and Property Damage Including Passengers
(Select One):

<input type="checkbox"/> \$ 500,000 Each Accident and/or Occurrence	\$100,000 Bodily Injury Insurance, Each Passenger
<input type="checkbox"/> \$1,000,000 Each Accident and/or Occurrence* * (Most Common Selection)	\$100,000 Bodily Injury Insurance, Each Passenger*
<input type="checkbox"/> \$1,000,000 Each Accident and/or Occurrence	\$200,000 Bodily Injury Insurance, Each Passenger
<input type="checkbox"/> \$1,000,000 Each Accident and/or Occurrence	No Sublimit for Bodily Injury Insurance for Each Passenger
<input type="checkbox"/> \$2,000,000 Each Accident and/or Occurrence	\$200,000 Bodily Injury Insurance, Each Passenger
<input type="checkbox"/> \$2,000,000 Each Accident and/or Occurrence	No Sublimit for Bodily Injury Insurance for Each Passenger
Other Liability Limit Please Specify	
Medical Payments Including Crew	<input type="checkbox"/> \$ 3,000 Per Person <input type="checkbox"/> \$ 5,000, Per Person <input type="checkbox"/> \$10,000 Per Person

PHYSICAL DAMAGE COVERAGE	Current Value Of Aircraft: \$
	Current Deductible: \$
	Float Value: \$



USAGE AND OPERATION

(<input type="checkbox"/>) Pleasure and Business	(<input type="checkbox"/>) Industrial Aid	(<input type="checkbox"/>) Limited Commercial
(<input type="checkbox"/>) Commercial Excluding Instruction and Rental	(<input type="checkbox"/>) Commercial	(<input type="checkbox"/>) Flying Club
(<input type="checkbox"/>) Low Altitude Photography	(<input type="checkbox"/>) Air Ambulance	(<input type="checkbox"/>) Air Hearse
(<input type="checkbox"/>) Patrol Flights	(<input type="checkbox"/>) Banner Towing	(<input type="checkbox"/>) Crop Dusting
(<input type="checkbox"/>) Instruction of: (Name of Student):		

() Special Uses – Please Describe:

OWNERSHIP INFORMATION

Applicant is: () Sole Owner () Owner subject to mortgage or conditional sales contract. () Lessee () Other – explain

Applicant is: () Individual () Corporation () Limited Liability Corporation () Co-Ownership/Partnership

If aircraft is encumbered, name and address of lienholder or lessor:

Amount of encumbrance (excluding interest and finance chargers): \$

Will Lienholder's Interest be required by lienholder? () Yes () No

PILOT INFORMATION (Please have each pilot fill out a copy of the Pilot Questionnaire pages 4, 5, and 6)

Pilot's Name

Pilot's Age

1	
2	
3	
4	

SUPPLEMENTAL QUESTIONS

Does the aircraft 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
Will aircraft be used for any purpose (s) for which a charge is made?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Is there any un-repaired damage to the aircraft?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant or any pilot 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 or any pilot 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 or any pilot 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 or any pilot 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 or any pilot 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
Any Claims in the last 5 years?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No If Yes Claim amount: \$
Please Explain any "Yes" answer in the space below or on a separate sheet of paper:	



ADDITIONAL COMMENTS OR DESCRIPTIONS.

MINIMUM PILOT REQUIREMENTS

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

INITIAL _____.

USE REQUIREMENTS

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

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

Insurance Broker or Agent'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.