



# PERSONAL PLEASURE & BUSINESS INSURANCE APPLICATION

There is no coverage if you make any charge, receive any money or any other compensation or reward for use of your aircraft, other than sharing the cost of fuel, oil, landing fees, customs fees or temporary parking for a flight with your passengers. Please contact your insurance agent instead of using this form.

Name of Applicant(s) \_\_\_\_\_  
 Applicant's Address \_\_\_\_\_  
 Applicant's Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_  
 Business or Occupation of Applicant(s) \_\_\_\_\_  
 Coverage Effective from \_\_\_\_\_ until \_\_\_\_\_ 12:01 AM standard time at the address above  
 Applicant is the sole owner of the aircraft, other than \_\_\_\_\_  
 Are any other aircraft owned by, rented or used by or on behalf of Applicant? \_\_\_\_\_  
 Model aircraft \_\_\_\_\_ Uses \_\_\_\_\_ No. of hours per year \_\_\_\_\_  
 Has any insurance company cancelled or refused to renew your aircraft insurance?  No  Yes Note: Missouri Applicants. Do not respond)  
 Please Explain \_\_\_\_\_  
 Expiration Date of current insurance \_\_\_\_\_ Name of current Insurance Company \_\_\_\_\_  
 Have you had any losses? If so, please explain on a separate page.

## AIRCRAFT

Provide home airport identifier or provide the additional information requested:

Home Airport Identifier      Airstrip Length      Ft. Airstrip Width      Ft. Landing Surface      Obstructions

	Year/Make/Model	Seats	Annual Hours Flown	Date of Last Annual	Engine Make and Model and Hours Since Overhaul	Describe Airworthiness if other than Standard	Describe Aircraft Modifications or Unrepaired Damage	Aircraft Hangared/Tied
N#								
N#								
N#								
N#								

## TECHNOLOGICAL ADVANCEMENTS:

Note the aircraft listed above that contain an IFR approved GPS, moving map display and two or more axis autopilot:

Note the aircraft listed above that have terrain awareness, traffic avoidance, fuel totalizer, RNP, WX monitoring (lightning, data link or radar).

	Liability Limit	Medical Payments	Coverage Insured Value	Lien Holder and Address	Lien Amount
N#	\$	\$ Ea. Passenger	\$ <input type="checkbox"/> Flight <input type="checkbox"/> Ground		\$ <input type="checkbox"/> LossPayee <input type="checkbox"/> Breach of Warranty
N#	\$	\$ Ea. Passenger	\$ <input type="checkbox"/> Flight <input type="checkbox"/> Ground		\$ <input type="checkbox"/> LossPayee <input type="checkbox"/> Breach of Warranty
N#	\$	\$ Ea. Passenger	\$ <input type="checkbox"/> Flight <input type="checkbox"/> Ground		\$ <input type="checkbox"/> LossPayee <input type="checkbox"/> Breach of Warranty
N#	\$	\$ Ea. Passenger	\$ <input type="checkbox"/> Flight <input type="checkbox"/> Ground		\$ <input type="checkbox"/> LossPayee <input type="checkbox"/> Breach of Warranty

Britt/Paulk Insurance Agency, Inc.

100 Glen Eagles Court Carrollton, GA 30117

800.842.8917 • FAX 770.836.8563 • aviation@brittpaulk.com • www.brittpaulk.com Aviation –

## FRAUD WARNINGS

**NOTICE TO ALL 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 ACLAIM 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 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, OR 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 OR AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10,36 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, VIRGINIA AND WASHINGTON 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 VERMONT 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Britt/Paulk Insurance Agency, Inc.

100 Glen Eagles Court Carrollton, GA 30117

800.842.8917 • FAX 770.836.8563 • aviation@brittpaulk.com • www.brittpaulk.com Aviation –

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 UNLESS EXPLAINED ABOVE. 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.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees in writing to effect this insurance. **This is not a completed application unless it is accompanied by a pilot history supplement for each pilot named on the policy.**

(Producer will fill in this information)

Producer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address \_\_\_\_\_