

# BEDFORD UNDERWRITERS, LTD.

315 East Mill St., P. O. Box 278  
 Plymouth, WI 53073  
 Ph. (920) 892-8795  
 (800) 735-1378  
 FAX (920) 892-8980

## AIRCRAFT INSURANCE APPLICATION

Today's date \_\_\_\_\_ (Check Which is Desired)  A QUOTATION  INSURANCE  
 Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
NO. Street Town or City State/Province Zip  
 Effective from \_\_\_\_\_ until \_\_\_\_\_ Both at 12:01 AM standard time at the address above.  
 Business of Applicant \_\_\_\_\_  
 Applicant is:  Individual(s)\*  Partnership\*  Corporation\*  Holding Company\*  Government  Other\* \_\_\_\_\_  
(describe)  
 and is owned, controlled, or a subsidiary of: \_\_\_\_\_  
 Is applicant incorporated solely for ownership of the aircraft below? \_\_\_\_\_

LIABILITY COVERAGE	LIMITS OF LIABILITY DESIRED		PREMIUM
	EACH PERSON	EACH OCCURENCE	
<input type="checkbox"/> BODILY INJURY LIABILITY Excluding Passengers	\$ _____,000.	\$ _____,000.	\$ _____
<input type="checkbox"/> PROPERTY DAMAGE LIABILITY	XXXX	\$ _____,000.	\$ _____
<input type="checkbox"/> PASSENGER BODILY INJURY LIABILITY	\$ _____,000.	\$ _____,000.	\$ _____
<input type="checkbox"/> SINGLE LIMIT _____ CLUding PASSENGERS <input type="checkbox"/> WITH PASSENGER LIABILITY LIMITED TO:	XXXX \$ _____,000.	\$ _____,000. XXXX	\$ _____
<input checked="" type="checkbox"/> MEDICAL PAYMENTS Crew is: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$ _____00.	\$ _____00.	\$ _____
<input type="checkbox"/> OTHER LIABILITY (SPECIFY)	\$ _____,000.	\$ _____,000.	\$ _____
PHYSICAL DAMAGE COVERAGE	AMOUNT OF INSURANCE (must be equal to current market value)	DEDUCTIBLES	PREMIUM
<input type="checkbox"/> ALL RISK: GROUND AND FLIGHT	\$ _____	IN-MOTION INGESTION MOORED <input type="checkbox"/> \$ 1000. <input type="checkbox"/> \$ 500. <input type="checkbox"/> \$ 250. <input type="checkbox"/> \$ _____	\$ _____
<input type="checkbox"/> ALL RISK: NOT IN FLIGHT	\$ _____	(Any Other) NOT IN MOTION \$ _____	\$ _____
<input type="checkbox"/> ALL RISK: NOT IN MOTION	\$ _____		\$ _____
<input type="checkbox"/> OTHER COVERAGE (SPECIFY)	\$ _____	\$ _____	\$ _____
<b>TOTAL POLICY PREMIUM</b>			\$ _____

**AIRCRAFT:** If Airworthiness Certificate is other than Standard or Normal, please indicate category: \_\_\_\_\_

Describe any STC's and Modifications: \_\_\_\_\_

Make & Model	Year	Registration Number	Seating Capacity		Land (L) Sea (S) Amphib. (A) Ratowing (R)	PURCHASED		Price Paid By Applicant (Incl. Extras)	Present Estimated Value (Incl. Extras)	Engine Hrs. since new, or since last major overhaul	Engine Make and HP
			Crew	Pass.		New or Used	Date				
1.											
2.											
3.											

Aircraft usually based at \_\_\_\_\_  Hangared:  Tied-out  
(Name of Home Airport, give details of runway length, construction & all obstructions)  
 Does applicant hangar, service, repair or crew other aircraft? \_\_\_\_\_ Describe: \_\_\_\_\_  
 Are any unapproved airports or unpaved runways used? \_\_\_\_\_ Describe: \_\_\_\_\_

Is Any Aircraft registered under other names than Applicant's name above? \_\_\_\_\_ Describe: \_\_\_\_\_  
 Describe all navigation outside the USA & Canada \_\_\_\_\_

\*List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet.  List Attached.

**PURPOSE OF USE:** (Check all applicable uses)

- Pleasure or  Business (not flown by professional pilots employed for this purpose)
- Corporate - Executive (flown only by professional pilots employed for this purpose)
- Passenger Carrying For Hire (Charter/Air Taxi)
- Pipeline/powerline Patrol
- List all other Uses not indicated above (explain \_\_\_\_\_)
- Instruction-  Rental-(Commercial)
- Flying Club  Photography
- Air Ambulance (Charter/Air Taxi)
- Freight Carrying For Hire(Charter/Air Taxi)
- Banner Towing  Crop Dusting

PILOT QUALIFICATIONS																	
Name	Age	Pilot Certificates and Ratings						Medical Certificate		Logged Pilot in Command Hours							
		STUDENT	PVT.	CMTL	AMEL	Instrument	ATP	Rotor	Expiration Date	CLASS	Date of Last B.F.R.	Total Time	Total R/G	Total M/E	Total Rotor-wing	Total Turbine FW/RW	Total in Aircraft Model To Be Insured
																	/
																	/
																	/
																	/

- 1. Do any pilots named above have any: (a) physical impairments? \_\_\_\_\_  
(b) waivers, limitations, conditions attached to their medical certificates? \_\_\_\_\_
- 2. Has an FAA or Military Pilot Certificate held by any pilot named above ever been suspended or revoked? \_\_\_\_\_  
If so, explain \_\_\_\_\_
- 3. Has any pilot named above ever been cited for any violation of Federal Air Regulations? \_\_\_\_\_  
If so, explain \_\_\_\_\_
- 4. Has any Pilot named above ever been involved in any aircraft accident? \_\_\_\_\_  
If so, explain \_\_\_\_\_
- 5. Has any applicant, or officer of partner thereof, or pilot named above ever been indicted for or been arrested for a felony, drunk or reckless driving? \_\_\_\_\_  
If so, explain \_\_\_\_\_
- 6. Has any applicant, or officer or partner thereof, or pilot been convicted in or indicted in a legal action involving drugs? \_\_\_\_\_  
If so, explain \_\_\_\_\_
- 7. APPLICANT IS:  Sole Owner of the aircraft  Owner subject to mortgage or conditional sales contract.  
 Other—explain \_\_\_\_\_
- 8. If aircraft is mortgaged, name and address of mortgagee \_\_\_\_\_
- 9. Amount of mortgage (excluding interest and finance charges) \$ \_\_\_\_\_
- 10. Will Breach of Warranty Coverage be required by mortgagee? \_\_\_\_\_
- 11. Are any other Aircraft or helicopters owned by, rented or used by or on behalf of applicant? \_\_\_\_\_
- 12. Model Aircraft/helicopter \_\_\_\_\_ Uses \_\_\_\_\_ No. of hours per year \_\_\_\_\_
- 13. Name of last Aircraft insurance carrier (if none so state) \_\_\_\_\_
- 14. Expiration date of present insurance coverage \_\_\_\_\_
- 15. To the Insured's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any aircraft owned by or in the custody of the Insured except \_\_\_\_\_
- 16. Has any Insurance Company of Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein?  YES  NO If so, explain \_\_\_\_\_

All answers herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed, and 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 this Company to investigate all or any qualifications or statements contained herein.

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

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.

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