

Ag Aviation Application

MAIL OR FAX TODAY FOR A FREE, NO-OBLIGATION QUOTE.



Wheels up.

1.800.826.4442
fax 316.942.1260
www.pimi.com

Aircraft Owner

NAME: _____
 BUSINESS NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 DAYTIME PHONE: _____ FAX: _____

Present Insurance Company

UNDERWRITER: _____
 EXP. DATE: _____

Lien Holder:

LIEN AMOUNT: _____

Aircraft (For additional listing of aircraft please attach a separate sheet.)

1. YEAR/MAKE/MODEL: _____
 HOURS PER YEAR: _____ FAA# VALUE: _____
 2. YEAR/MAKE/MODEL: _____
 HOURS PER YEAR: _____ FAA# VALUE: _____
 3. YEAR/MAKE/MODEL: _____
 HOURS PER YEAR: _____ FAA# VALUE: _____

Aircraft Special Uses

LIST ANY USES OTHER THAN AG:

 SPRAY PATTERN TESTING: YES NO

Aircraft Base

AIRPORT: _____
 LENGTH: _____ SURFACE: _____ HANGAR: TIED DOWN:

Liabilities

LIMITS: _____
 WORKERS COMP. CARRIER EXP. DATE: _____
 AIRPORT LIABILITY EXP. DATE: _____ PASSENGER SEAT INSTALLED:

Chemical (Check as appropriate.)
 EXCLUDE CHEMICAL
 COMPREHENSIVE CHEMICAL

Additional Coverage (Check as appropriate.)
 PICLORAM ADJACENT CROPS TREATED CROPS
 OTHER: _____

Pilot Logged Hours (For additional listing of pilots please attach a separate sheet.)

PILOT NAME	DATE OF BIRTH	TOTAL HOURS	RW HOURS	AG HOURS	TURBINE AG	RW AG	HOURS MODEL	LAST 12 MONTHS
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

History (Describe accidents, claims and/or certificate suspensions of pilot's last five years.)

CHECK IF NONE

AREA OF OPERATION: _____ YEARS IN BUSINESS: _____ STATE CERTIFICATES REQUIRED: _____

Signature: _____

Date: _____



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