

Commercial 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

Applicant

BUSINESS NAME: OWNER'S NAME:

ADDRESS: CITY, STATE, ZIP:

DAYTIME PHONE: FAX:

BUSINESS OF APPLICANT:

APPLICANT HAS OPERATED BUSINESS:

YRS. MO.

TYPE OF BUSINESS:

INDIVIDUAL PARTNERSHIP CORPORATION OTHER:

Present Insurance Company

UNDERWRITER: EXP. DATE:

Applicant Certifications

FAA APPROVED REPAIR STATION: YES NO

VA APPROVED FLIGHT SCHOOL: YES NO

GROUND SCHOOL: YES NO

STATION NUMBER:

Management Personnel

NAME:

AGE:

POSITION & DUTIES:

YEARS OF OPERATOR EXPERIENCE:

NAME:	AGE:	POSITION & DUTIES:	YEARS OF OPERATOR EXPERIENCE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Premises Liability

LIMIT (Combined single limit):

PUBLIC AIRPORT PRIVATE AIRPORT

LENGTH OF LONGEST RUNWAY:

AIRPORT:

FAA TOWER RUNWAY LIGHTS

CITY: STATE:

PAVED RUNWAY

ARE THERE ADDITIONAL LOCATIONS TO INSURE? YES NO *If yes, please give location(s) operations conducted and if premises is owned or leased.*

Attach separate sheet listing each building occupied by applicant and indicate part occupied and purpose of each.

INTEREST OF APPLICANT IN AIRPORT: OWNER GENERAL LESSEE TENANT SUB-TENANT OTHER:

IF APPLICANT IS A TENANT OR LESSEE DOES THE APPLICANT HAVE ANY CONTRACTUAL AGREEMENT CONCERNING LEASED PREMISES?

YES NO *If yes, please submit copy of agreement.*

DOES APPLICANT SUB-LEASE ANY PORTION OF PREMISES TO OTHERS? (Excluding individual aircraft storage.)

YES NO *If yes, submit copies of contracts and advise names of sub-lessee's, what portions of the premises are leased and operations conducted by sub-lessee.*

ARE ANY SCHEDULED AIRLINES OR IRREGULAR AIR CARRIER'S REFUELED? YES NO

ANY JETS? YES NO

If yes, please describe:

SUBMIT COPIES OF ANY FUELING AGREEMENTS OR CONTRACTS.

FUELING VEHICLES OPERATED:

NUMBER: TYPE:

Products Liability

LIMITS (Combined single limit/bodily injury/property damage):

ESTIMATED GROSS INCOME FROM THE FOLLOWING:

SALE OF NEW AIRCRAFT: SALE OF USED AIRCRAFT:

SALE OF FUEL AND OIL: AIRCRAFT REPAIRS & SERVICES:

PARTS NOT INSTALLED: RESTAURANT:

DO YOU REQUIRE A CONTRACT FOR REPAIRS? YES NO *If yes, please submit a copy.*

Hangarkeepers Liability

LIMITS:

EACH AIRCRAFT:

EACH OCCURRENCE:

AVG. # OF NON-OWNED AIRCRAFT IN YOUR CARE & CUSTODY:

HIGHEST VALUE AIRCRAFT:

TOTAL VALUE:

Non-Ownership Aircraft Liability

DO YOU EVER FLY NON-OWNED AIRCRAFT? YES NO

IF YES, DESCRIBE PURPOSE AND MAXIMUM VALUE:

MAXIMUM SEATING CAPACITY OF NON-OWNED AIRCRAFT:

ESTIMATED HOURS FLOWN ANNUALLY IN NON-OWNED AIRCRAFT:

PASSENGERS CARRIED FOR HIRE:

INCLUDED EXCLUDED

NUMBER OF STAFF PILOTS:

Aircraft #1

YEAR/MAKE/MODEL:

FAA#: LAND SEA AMPHIBIOUS

HOURS FLOWN ANNUALLY: TOTAL SEATS: CURRENT VALUE:

Aircraft #1 Base

AIRPORT:

CITY:

STATE:

AIRPORT ID:

HANGAR TIED DOWN

Aircraft #1 Use (Check all that apply.)

PLEASURE & BUSINESS CHARTER INSTRUCTION TO STUDENTS

SALES DEMO RENTAL TO OTHERS

OTHER:

Aircraft #1 Lien Holder

LIEN AMOUNT:

Aircraft #2

YEAR/MAKE/MODEL:

FAA#: LAND SEA AMPHIBIOUS

HOURS FLOWN ANNUALLY: TOTAL SEATS: CURRENT VALUE:

Aircraft #2 Base

AIRPORT:

CITY:

STATE:

AIRPORT ID:

HANGAR TIED DOWN

Aircraft #2 Use (Check all that apply.)

PLEASURE & BUSINESS CHARTER INSTRUCTION TO STUDENTS

SALES DEMO RENTAL TO OTHERS

OTHER:

Aircraft #2 Lien Holder

LIEN AMOUNT:

Aircraft #3

YEAR/MAKE/MODEL:

FAA#: LAND SEA AMPHIBIOUS

HOURS FLOWN ANNUALLY: TOTAL SEATS: CURRENT VALUE:

Aircraft #3 Base

AIRPORT:

CITY:

STATE:

AIRPORT ID:

HANGAR TIED DOWN

Aircraft #3 Use (Check all that apply.)

PLEASURE & BUSINESS CHARTER INSTRUCTION TO STUDENTS

SALES DEMO RENTAL TO OTHERS

OTHER:

Aircraft #3 Lien Holder

LIEN AMOUNT:

Aircraft #4

YEAR/MAKE/MODEL: _____
 FAA#: _____ LAND SEA AMPHIBIOUS
 HOURS FLOWN ANNUALLY: _____ TOTAL SEATS: _____ CURRENT VALUE: _____

Aircraft #4 Base

AIRPORT: _____
 CITY: _____
 STATE: _____
 AIRPORT ID: _____
 HANGAR TIED DOWN

Aircraft #4 Use (Check all that apply.)

PLEASURE & BUSINESS CHARTER INSTRUCTION TO STUDENTS
 SALES DEMO RENTAL TO OTHERS
 OTHER: _____

Aircraft #4 Lien Holder

 LIEN AMOUNT: _____

For additional listing of aircraft please attach a separate sheet.

Liability

Limits of Liability (Indicate choice)

500,000 EACH OCCURRENCE
 100,000 EACH PASSENGER 1,000,000 EACH OCCURRENCE
 100,000 EACH PASSENGER 1,000,000 EACH OCCURRENCE
 NO PASSENGER LIMITATION

OTHER: _____

Medical Payments

\$500 PER SEAT \$1,000 PER SEAT
 \$2,500 PER SEAT \$3,000 PER SEAT
 \$5,000 PER SEAT

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

PILOT/CFI #1 NAME & OCCUPATION

DATE OF BIRTH

CFI	PVT	COML	IFR	ME	ATP	TOTAL TIME	RETRACT GEAR	MULTI ENGINE	TAIL WHEEL	TURBO PROP	JET	HOURS MODEL PER A/C

PILOT/CFI #2 NAME & OCCUPATION

DATE OF BIRTH

CFI	PVT	COML	IFR	ME	ATP	TOTAL TIME	RETRACT GEAR	MULTI ENGINE	TAIL WHEEL	TURBO PROP	JET	HOURS MODEL PER A/C

PILOT/CFI #3 NAME & OCCUPATION

DATE OF BIRTH

CFI	PVT	COML	IFR	ME	ATP	TOTAL TIME	RETRACT GEAR	MULTI ENGINE	TAIL WHEEL	TURBO PROP	JET	HOURS MODEL PER A/C

Annual Proficiency Training

YES NO DESCRIBE TRAINING: _____
 IF YES, DATE: _____

History (Describe accidents, claims and/or certificate suspensions of pilot's last five years.) CHECK IF NONE

Date: _____ Signature: _____

For Office Use Only

PIM REPRESENTATIVE: _____



Wheels up.

1.800.826.4442
 fax 316.942.1260
 www.pimi.com