

# Commercial Aviation Application

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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:
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## 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 &amp; 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 &amp; 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 &amp; 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: \_\_\_\_\_



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