



StarStone National Insurance Company
 Harborside Financial Center
 Harborside 5
 185 Hudson Street, Suite 2600
 Jersey City, NJ 07311
 Tel: 201-743-7700

**APPLICATION FOR AVIATION POLICY
 APPLICANT SECTION**

This form will not be considered unless it has been signed. IMPORTANT: This form becomes a legal part of your policy, and therefore it is mandatory that each question be answered as fully and truthfully as possible; any misstatement or omission may make the policy invalid, and may also be punishable as fraud in many states.

Name of Applicant: _____

Address: _____

Occupation: _____

Insurance is required for the period: _____

GEOGRAPHICAL LIMITS: : Policy covers land areas of USA (excluding Alaska and Hawaii), Mexico, the Bahamas, and Canada (excluding areas N. of 54 degrees N. Latitude). Please state if Policy cover is to include:

Alaska ____ Canadian Areas N. of 54 degrees N. Latitude ____ Other (Please Specify) _____

AIRCRAFT: Please list the registration number(s) of all aircraft for which you require coverage and attach an aircraft section (form SAV 0003B) for each.

PILOTS: PLEASE LIST BY NAME ALL PILOTS WHO WILL OPERATE INSURED AIRCRAFT along with the registration numbers of the applicable insured aircraft for each. A separate pilot history form for each pilot is required and will form a legal part of your policy.

The policy provides no coverage when aircraft are operated by persons other than Pilots that are named in the Policy or that meet all of the requirements of the Additional Pilot Clause, if applicable.

All pilots must be in compliance with the Flight Review requirements of FAR 61.56 and be in possession of a current valid Medical Certificate and be rated for the make and model being flown, unless otherwise stated.

AVIATION ACCIDENT AND CLAIMS HISTORY: Please list **all** violations, suspensions, accidents, and incidents, whether or not a claim was made or an insurance payment was involved. **Check here if NONE**_____

Date	Description	Amount Paid

Has any insurer canceled or declined to renew any aviation insurance for the applicant in the past five years?

[YES/NO] _____ (This question not applicable in Missouri)

If yes give details: _____

I/we affirm that the statements in this application are true to the best of my/our knowledge and belief, are made in good faith, and no information has been withheld or suppressed which would adversely affect my/our approval by the Insurer(s). Such statements and answers will be the basis of any contract between me/us and the Insurer(s) and shall be effective only if all statements and answers referred to above are full, complete and true on the date set forth below. I/we hereby authorize the Insurer(s) or their agents to investigate any or all statements contained in this application. I/we hereby authorize the FAA to release my/our pilot details to StarStone National Insurance Company and its agents to verify the above statements. StarStone National Insurance Company and its agents are also authorized to request my/our motor vehicle driving record(s).

I/we understand that this application does not commit the Insurer(s) to any liability whatsoever until the Insurer(s) agree to effect such Insurance coverages as have been applied for by this application.

Signature of Applicant: _____ Date: _____

Name and Address of Producer: _____

Producer Signature: _____ (Applicable in New Hampshire)

FRAUD WARNINGS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND 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 agencies.

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 a claim 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 of 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 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 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 MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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." Insurers may comply with the warning requirement by attaching an addendum to the application or claim form.

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 of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Applicant Signature _____



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**APPLICATION FOR AVIATION POLICY
 AIRCRAFT SECTION**

Complete separate page for each aircraft to be insured. IMPORTANT: This form becomes a legal part of your policy, and therefore it is mandatory that each question be answered as fully and truthfully as possible; any misstatement or omission may make the policy invalid, and may also be punishable as fraud in many states.

Name of Applicant: _____

AIRCRAFT

Year, Make, Model	Registration Number	Crew Seats	Passenger Seats	Undercarriage Type (Tailwheel, Retractable, Floats, Skis, etc.)

Name and address of party in whose name the aircraft is registered: _____

COVERAGES

- I. **Combined Single Limit Liability** \$ _____ Each Occurrence
 A. Bodily Injury Excluding Occupants, B. Damage to Property
 [In/Ex] _____ cluding C. Passenger Bodily Injury Excluding Crew.
 C. limited to: \$ _____ Each Passenger
- II. **Medical Expense** [In/Ex] _____ cluding Crew limited to: \$ _____ Each Person
- III. **Aircraft Damage Coverage** Amount Requested \$ _____

____ (Check here if limited to Ground Not in Motion Only)
Note: Lienholder's interest must not exceed 95% of the Amount Requested

PURPOSES OF USE (The aircraft shall be used only for the purposes indicated by a check mark)

- ____ A. **Pleasure Use Only:** means use for the Insured's private and pleasure purposes; not for any business or professional use and *excluding* any operation for which a charge of any kind is made.
- ____ B. **Pleasure and Business:** means personal and pleasure use and includes use in connection with the Insured's business, transportation of executives, employees, guests and customers, but *excluding* any operation for which a charge of any kind is made.
- ____ C. **Limited Commercial:** means including instruction and rental and including all uses permitted in A. and B. above, but *excluding* the transportation of passengers and/or cargo for hire or reward.
- ____ D. **Commercial Excluding Instruction and Rental:** means the transportation of passengers and/or cargo for hire or reward and including all uses in A. and B. above, but *excluding* instruction and rental.
- ____ E. **Commercial:** means all uses included in B. and C. above, and including the transportation of passengers and/or cargo for hire or reward.
- ____ F. **Special Uses** defined as: _____

(Any use not listed in A., B., C., D. or E. must be listed in F. to be covered in the Policy.)

1. Number of hours the aircraft was flown during the last 12 months: _____
2. The aircraft is principally kept: Hangared ____ Tied Down ____ Moored ____ At (airport ID) _____
3. If aircraft certificate is other than Standard, please indicate type: _____
4. Details of extra equipment fitted: _____
5. Name and address of any other parties with a financial interest in the aircraft (ie. lienholder, loss payee, part owner, lessee, lessor, etc.):

Applicant Initials: _____