

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

APPLICATION FOR AVIATION POLICY – AIRCRAFT SECTION

Complete separate page for each aircraft to be insured. This page forms part of your policy application.

Name of Applicant: _____

AIRCRAFT

Year, Make and Model	Registration Number	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) Property Damage

___ Including C) Passenger Bodily Injury Excluding Crew

limited to \$ _____ Each Passenger

II. Medical Expense \$ _____ Each Person

___ Including Crew

III. Aircraft Physical Damage Insurance Amount Requested \$ _____

___ limited to Ground Not in Motion Only

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

_____ 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.)

Number of hours the aircraft was flown during the last 12 months _____

The aircraft is principally kept: Hangared ___ Tied Down ___ Moored ___ At (airport ID) _____

If aircraft certificate is other than Standard, please indicate type: _____

Details of extra equipment fitted: _____

Applicant's interest in the aircraft is: Sole Owner ___ Part Owner ___ Lessee ___ Lessor ___

If other than Sole Owner, please give names and addresses of all part owners or lessees/lessors: _____

Name and specify the interest of any other parties with a financial interest in the aircraft:

Name _____ Interest _____

Name and address of lienholder: _____

Note: The amount of the balance of the loan must not exceed 95% of Amount of Insurance requested on this Application

Applicant Initials: _____