



**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY**
650 Elm Street
Manchester, NH 03101-2524
(800) 542-9200

**APPLICATION FOR AVIATION POLICY
APPLICANT SECTION**

Applications will not be considered unless this form has been signed and witnessed. IMPORTANT: This application becomes a part of your policy and, therefore, it is mandatory that each question be answered fully and truthfully.

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 NAS-LAU3B) 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 pilot rating(s) or 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 North American Specialty Insurance Company and its agents to verify the above statements. North American Specialty 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 _____

Signature of Witness _____

Printed Name of Witness _____

Address of Witness _____

Name and Address of Producer: _____



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APPLICATION FOR AVIATION POLICY AIRCRAFT SECTION

Complete separate page for each aircraft to be insured. IMPORTANT: This application forms part of your policy and, therefore, it is mandatory that each question be answered fully and truthfully.

Name of Applicant: _____

AIRCRAFT

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

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

[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 Physical Damage Insurance Amount Requested \$_____

____ (✓ 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 ✓)

_____ 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: _____