

Aero Alliance Insurance Services  
**AGRICULTURAL AIRCRAFT INSURANCE APPLICATION**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Applicant Is:       Individual     Corporation     Partnership

Names of all partners, if a Partnership, or Officers, if a Corporation, showing positions, duties, and percentage of ownership.

NAME	POSITION	DUTIES	PERCENTAGE OF OWNERSHIP

Name or names used in any former Aerial Application Business \_\_\_\_\_

How long have you conducted Aerial Agricultural Operations? \_\_\_\_\_

**Airport Information**

Name \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Surface \_\_\_\_\_ Hangar?     Yes     No

Secondary Location \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Surface \_\_\_\_\_ Hangar?     Yes     No

Area of Operation (radius from above home airport) \_\_\_\_\_

Operations in other states? \_\_\_\_\_

**Will the aircraft be used in any of the following applications:**

Crops to be treated with Hormone Herbicides \_\_\_\_\_

Counties where Herbicides are to be used \_\_\_\_\_

Chemicals to be used \_\_\_\_\_

Will the aircraft be used for the application of GLYPHOSATE (Round up, Round up Ultra, Rodeo) in any form?     Yes     No

Will the aircraft be used for the application of PARAQUAT (Gramoxone)?     Yes     No

Do you sell, distribute, or provide any chemicals?     Yes     No

If yes, please explain \_\_\_\_\_

**Are you a current member of the following:**

YOUR State Agricultural Aviation Association     Yes     No

Any OTHER State Agricultural Aviation Association (specify state) \_\_\_\_\_     Yes     No

The National Agricultural Aviation Association     Yes     No

Participate in the NAA PAASS Safety Program (specify last date completed) \_\_\_\_\_     Yes     No

Number of aircraft owned, leased, or operated by you \_\_\_\_\_

**Please have each pilot complete and attach a Pilot Record Form**

**AIRCRAFT PHYSICAL DAMAGE LIMIT**

N#	YEAR, MAKE & MODEL	ENGINE HP	ENGINE HOURS	TOTAL AIRFRAME HOURS	VALUE	NIM	IM	ALL RISK
					\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LIABILITY LIMIT**

N#	NON-CHEMICAL BI&PD LIMIT	CHEMICAL COVERAGE XC-RC-CC	CHEMICAL LIMITS	TYPE	SERIAL NO.	VALUE	GPS COVERAGE DESIRED?
						\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
						\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
						\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
						\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
						\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Chemical Additional Premium \_\_\_\_\_

**ENDORSEMENTS**

Aerial applicator's premises liability coverage - Limit of Liability \$ \_\_\_\_\_

**LIENHOLDER OR LOSS PAYEE**

N#	NAME AND ADDRESS	VALUE	IS BOW REQ'D?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any Insurance Market cancelled, declined, or refused to renew any aviation insurance?  Yes  No

If yes, please explain \_\_\_\_\_

Have you, any of your pilots, or any of your ground personnel (full or part-time) had any Workers' Comp loss/claim?  Yes  No

If yes, please provide the date of the loss and explain fully \_\_\_\_\_

Have any of your pilots (full or part-time) ever been cited and/or fined for any alleged violation of any Federal, State, County Plant Board, Agricultural Board law or regulation?  Yes  No

If yes, please provide date and explain fully \_\_\_\_\_

Have you or any of your pilots (full or part-time) had any Aircraft Hull or Liability losses/claims?  Yes  No

If yes, please provide the date of the loss and explain fully \_\_\_\_\_

Who performs your Aircraft Maintenance? \_\_\_\_\_

What are his qualifications and what FAA rating does he hold? \_\_\_\_\_

Do you have any aerial application for mosquito control?  Yes  No

If yes, please explain fully \_\_\_\_\_

I/We authorize Aero Alliance Insurance Services to represent me/us in the placing of this insurance. I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/ We understand that no insurance is in force unless and until a binder is in effect or a policy has been issued. It is understood, however, that if insurance is ordered from and accepted, the full amount of premium becomes immediately due and payable. I/We authorize agent to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_

X \_\_\_\_\_  
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED