

# SilverStone Group

## Aircraft Application

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

Address \_\_\_\_\_

You are  Individual  Corporation  Partnership  Other, explain \_\_\_\_\_

Your business is \_\_\_\_\_

Your present aircraft insurance company is \_\_\_\_\_ Policy Expires \_\_\_\_\_

Has Applicant had any accidents or incidents?  No  Yes (Explain "Yes" answer on bottom of reverse side)

Has any insurer canceled or refused to renew any aviation insurance for you or any of your pilots?  No  Yes (Explain "Yes" answer on bottom of reverse side)

### Aircraft Information

Year \_\_\_\_\_ Make and Model \_\_\_\_\_ FAA "N" No. \_\_\_\_\_

Capacity: Pass. \_\_\_\_\_ Crew \_\_\_\_\_ Standard Airworthiness Category  No  Yes

Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices)?  No  Yes

Explain "Yes" answer \_\_\_\_\_

Aircraft is a landplane  Yes  No (describe) \_\_\_\_\_ is it usually hangared?  No  Yes

Aircraft is usually based at \_\_\_\_\_

Purchase date \_\_\_\_\_ Purchase price (with equipment) \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Engine Hours Single \_\_\_\_\_ Twin (L) \_\_\_\_\_ (R) \_\_\_\_\_ Airframe Hours \_\_\_\_\_

### Explain "Yes" answers on bottom of reverse side

Will any charge (other than operating expenses) be made for the use of the aircraft?  No  Yes

Will the aircraft be used for anything other than transporting people?  No  Yes

Will the aircraft be used anywhere other than at paved runway airports?  No  Yes

Will the aircraft be used outside the continental United States?  No  Yes

Do you own or exclusively lease any other aircraft?  No  Yes

Do you use non-owned aircraft?  No  Yes

Will the aircraft be used for student or pilot instruction?  No  Yes

Name of Instructor \_\_\_\_\_

Flight School \_\_\_\_\_

## Pilot Information

Data required on all pilots who will operate the aircraft. (see pilot history forms)

Pilot 1 \_\_\_\_\_ Pilot 3 \_\_\_\_\_

Pilot 2 \_\_\_\_\_ Pilot 4 \_\_\_\_\_

## Aircraft Ownership

Names and addresses of (check all that apply):  Owner  Co-owner(s)  Mortgagee(s)  Lessor(s)

Amount of any lien or loan, excluding interest and/or finance charges \$ \_\_\_\_\_

Does your lienholder require lienholder's interest insurance (Breach of Warranty)?  No  Yes

### Coverage

Combined Liability Coverage for Bodily Injury  
and Property Damage

Medical Coverage

Aircraft Physical Damage Coverage

### Limits of Coverage

\$ \_\_\_\_\_ Each Occurrence

\$ \_\_\_\_\_ Each Person

\$ \_\_\_\_\_ Not In-Motion Deductible

\$ \_\_\_\_\_ In-Motion Deductible

\$ \_\_\_\_\_ Limit

## Describe all Accidents/Claims/Incidents within 5 years

I/We represent 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 and that no insurer has cancelled or refused to renew this insurance.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### "Yes" Explanations