AVIATION INSURANCE MANAGERS, INC.

11650 Cleveland Avenue, NW, Uniontown, Ohio 44685 (330) 494-1500 Fax (330) 494-8600 www.aimofohio.com

AIRCRAFT INSURANCE APPLICATION

I. INSURER	
UNDERWRITER	
UNDERWRITER	
Effective from (A.M.) to 12:01	A.M.
II. APPLICANT	
NAME	
WWID_	
ADDRESS	WORK PHONE
	FAX
	HOME PHONE
	HOME FHONE
	EMAIL:
You Are:[X] Registered Owner;[] Lessee;[] Other, Explain: .	
Your Business Is:	
Present Insurance Company:	Policy Expires
riesent insurance company.	FOITCY EXPITES
THE AND OR A PER TAME OR TAKEN	
III. AIRCRAFT INFORMATION	
YEAR ** MAKE & MODEL **SEE ATTACHED SCHEDULE OF AIRCRAF	FAA "N" NUMBER **
CAPACITY: PASS. ** CREW ** STANDARD AIRWORTHINESS CATEGOR	RY [X] YES; [] NO; DATE OF LAST ANNUAL **
ADE ATDODAEM ODERATIONAL AND ATDUODMUTMEGG GERMIEGAMEG IN E	TI BODGE C BBBBGBOLVI VBG. [] NO. TE HYOU
ARE AIRCRAFT OPERATIONAL AND AIRWORTHINESS CERTIFICATES IN FI	JLL FORCE & EFFECT?[X] YES; [] NO. IF "NO",
ARE THE AIRCRAFT OPERATED OR EQUIPPED WITH SKIS OR FLOATS	[] YES [X] NO. IF YES, PLEASE DESCRIBE:
	ARE AIRCRAFT USUALLY HANGARED [] YES [] NO
AIRCRAFT ARE USUALLY BASED AT	
EXPLAIN "YES" ANSWERS ON PAGE TWO OF THI	S APPLICATION
A. Will there be any charge made for the use of the Aircraft	? [] NO [] YES
(If YES, give exact uses and estimated hours of annual use	e on Pg. 2)
B. Will the Aircraft be used outside the Continental United	
(If YES, state exactly where outside the U.S. and indicate	e approximate trips per
year on Pg. 2).	onts on insidents?
C. Has Applicant <u>ever</u> had any Aircraft related losses, accide (If YES, explain on Pg. 2).	ents or incidents? [] NO [] YES
D. Has Applicant or any Pilot operating the above aircraft e	
of a felony? (If YES, explain on Pg. 2).	[] NO [] YES
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IV. PILOT INFORMATION:

ANY PILOT OPERATING THE AIRCRAFT IN FLIGHT MUST BE SPECIFICALLY APPROVED BY THE UNDERWRITER AND SUBMIT A PILOT HISTORY FORM, OR MEET THE APPLICABLE 'MINIMUM PILOT REQUIREMENTS' SHOWN IN THE POLICY (IF SO ENDORSED).

V. OWNERSHIP				
APPLICANT IS: [] SOLE OWNER [] CO-OWNE	ER IS THE AIRCRA	FT SUBJECT TO A LE	ASE AGREEMENT? []	YES [] NO
IF YES, EXPLAIN: **SEE ATTACHED SO	CHEDULE OF AIRCR	AFT**		
IS THERE A LOAN ON THE AIRCRAFT? [] YES MORTGAGEE: **SEE ATTACHED SCHEDULE		S, GIVE FULL NAME,	ADDRESS & PHONE N	UMBER OF
AMOUNT OF LIEN OR LOAN, EXCLUDING INTERS	EST AND/OR FINAN	CE CHARGES:	\$	
DOES YOUR LIENHOLDER REQUIRE LIENHOLDER (NOTE: BREACH OF WARRANTY AMOUNT CANNOT				[] YES
VI. COVERAGE		LIMITS OF LIABII	JITY	
Single Limit Bodily Injury and Pro		\$		occurrence
Single Limit Bodily Injury and Pro		\$		occurrence
Liability including limited Passer Injury Liability	nger Bodily	\$	limited to each	passenger
*Student/Renter Pilot Liability (Pet User)cluding Passengers *(PART OF & NOT IN ADDITION TO THE		\$ TS PROVIDED.)	each	occurrence
Medical Payments,cluding Crev	₹	\$	each	passenger
Passenger Voluntary Settlement	\$	each	passenger	
FLIGHTS CONDUCTED UNDER SPECIAL PER	MIT OR WAIVER F	ROM THE FAA ARE I	NOT COVERED.	
VII. OTHER COVERAGES				
WIII AIDODAET DIIVOIGAL DAN	AACE (INCI		<u> </u>	
VIII. AIRCRAFT PHYSICAL DAN	·			
NOT-IN-MOTION AMOUNT INSURE		S **SEE ATTACE	ED SCHEDULE**	
IN-MOTION AMOUNT INSURE		\$ **SEE ATTACE	IED SCHEDULE**	
IX. USE THIS SPACE FOR ANSW	ERING QUE	STIONS		
QUESTION # III.A. USE: SEE ATTACHED SCH	EDULE OF AIRCRA	AFT		

	 MAKE &	 FAA	 TOTAL	AIRCRAFT	 PURPOSE	LIENHOLDERS/LESSORS NAME & ADDRESS	 LIEN
YR	MODEL	NO.	SEATS	VALUE	_OF USE	<u> </u>	_AMOUNT
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STATE ALL APPLICABLE USES FOR EACH AIRCRAFT USING THE CHART BELOW:

(1) PLEASURE & BUSINESS; (2) PILOT SERVICE FOR OWNER/LESSOR; (3) RENTAL/INSTRUCTION; (4) FAR 135 (PASSENGER/CARGO); (5) FAR 135 (CARGO ONLY); (6) SLUNG CARGO; (7) SIGHTSEEING; (8) SALES DEMONSTRATION; (9) BANNER TOWING; (10) TRAFFIC PATROL; (11) PIPELINE PATROL; (12) POWERLINE PATROL; (13) CHECK HAULING; (14) SKYDIVING; (15) AIR AMBULANCE; (16) CORPSE HAULING; (17) AERIAL PHOTOGRAPHY; (18) PRISONER HAULING; (19) AGRICULTURAL SPRAYING.

FRAUD WARNING

NOTICE TO NEW YORK 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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 STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

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."

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 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 MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

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 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 IN THE THIRD DEGREE."

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 REGULATORY AUTHORITIES."

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 BENEFITS."

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 ARKANSAS 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 VIRGINIA 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."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE. I/WE UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL ("UNDERWRITERS" STATED IN SECTION I "INSURER" ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE "UNDERWRITERS", THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/WE AUTHORIZE THE "UNDERWRITERS" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.

DATE	PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE