



AssuredPartners Aerospace
PO Box 578
Frederick, MD 21705

(800) 622-2672
aviators@assuredpartners.com
assuredpartners.com/flyclub

Please email your completed application to aviators@assuredpartners.com

Section 1: General Information

Named Insured:					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Current Carrier:			Expiration Date:		

Description of Applicant's Operation	
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Years in Business (as this entity):		Applicant is:	
Contact Name:		Phone Number:	
Email:			

Within the past 10 years, has the applicant operated under any other names? If yes, describe:	
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Section 2: Management (List all officers of the flying club and their position.)

First Name	Last Name	Age	Present Position	Years with Flying Club

Section 3: Aircraft (List all aircraft owned/operated by the applicants)

FAA ID#	Year	Make	Model	Value Desired	Annual Hours Flown	Hangered	Owned	Tied-Out	Leased

The aircraft are based at the following airport(s)
List the airport identifier(s)

Section 4: Pilots (Attach Completed Flying Roster)

Describe any use of the aircraft outside the 48 contiguous states of the USA.

Section 5: Limits of Liability and Medical Payments

Property Damage & Bodily Injury Liability excluding passengers	\$1,000,000
Passenger limit	\$100,000
Medical Payments (Per passenger, including crew)	\$5,000



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Section 6: Accidents, Claims, and Pilot Information

Describe all accidents, incidents, losses, and claims for the past 5 years for the applicant and any pilot listed above. List any waivers (other than glasses), violations, or DUIs for any pilot in the past 5 years. If none, state none.

Section 7: Optional Coverages and Notes

List any additional coverages desired or use this space for additional notes to the underwriter.

Section 8: Flying Club Operations

Are members all equal owners of the aircraft?	
Does the club have written by-laws?	
Does the club designate specific CFIs for instruction to members?	
Is there a maintenance chief?	
Describe how aircraft keys are controlled and aircraft dispatched.	



Section 9: All Accounts

What safeguards are established to help ensure safe operations?

How does the club promote safety?

Briefly describe your safety program.

How are officers of the club and members held accountable for safety?

Describe your training program for club officers and members, and any formal schools attend on an annual basis.



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PART B: AVIATION GENERAL LIABILITY INFORMATION

Section 1: Premises

Applicant Occupies:		At		(Enter airport identifier here or name of airport below)
Applicant Occupies:		At		(Enter airport identifier here or name of airport below)

List all buildings, hangars, ramps, and all other premises to be insured.

Applicant is:		Is Applicant responsible for maintenance of the premises?	
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Does the Applicant have any airshows, contests, exhibitions, or non-aviation activities on the premises? ☐ Yes ☐ No If Yes, explain below.

Is applicant considering any construction, demolition, or alterations on the premises? ☐ Yes ☐ No If Yes, explain below.

Does the applicant assume liability of others (“Hold Harmless” agreements / Indemnification clauses)? ☐ Yes ☐ No If Yes, explain below.

List all unlicensed vehicles / mobile equipment (i.e. tugs, front-end loaders, snow plows, pickup trucks, golf carts, etc.)

Does the applicant own or maintain any nav aids (ILS, NDB, runway / taxiway lighting, etc.) or operate a Unicom?

