



AssuredPartners Aerospace
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 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 | | | | |
|--------------------------------------|--|--|--|--|

| | | | | |
|-------------------------------------|--|---------------|--|--|
| Years in Business (as this entity): | | Applicant is: | | |
| Contact Name | | Phone Number: | | |

| | | | | |
|---|--|--|--|--|
| Within the past 10 years, has the applicant operated under any other names? If yes, describe: | | | | |
|---|--|--|--|--|

Section 2: Management (List all officers of the flying club and their position.)

| First Name | Last Name | Age | Present Position | Years with Flying Club |
|------------|-----------|-----|------------------|------------------------|
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Section 3: Aircraft (List all officers of the flying club and their position)

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

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: Not Applicable

Section 9: 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 10: 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.

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? | |
|----------------------|--|--|--|

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?

Name of Flying Club: _____

Do all club members listed below have a current AOPA membership? Yes No Please list club members and pertinent data in the chart below:

| Member Name | Age | FAA Valid Ratings Held | | | | | Total Flight | Retrac Gear Time | Multi-Engine | Tailwheel Time | Last 90 Days | Date | | Accidents, Restrictions, Waivers* | Occupation or Business |
|-------------|-----|------------------------|---------|-------|------|----|--------------|------------------|--------------|----------------|--------------|------|-----|-----------------------------------|------------------------|
| | | Student | Private | Com'l | Inst | ME | | | | | | Med | BFR | | |
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* If "yes" for any of the above members and officers, please provide date, amount paid over deductibles, type of loss, and reason(s) for suspension on the reverse side of the form.

I, the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and completed to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I agree that this report shall be the basis of my acceptance or continuance of issuance by:

Authorized Club Officers: _____

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