



Aerial Application Insurance

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. This document does not provide any coverage or amend any existing coverage

1. General Information

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Years In Business _____

Current Insurance Carrier _____ Current Coverage Expires _____

Applicant is: *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> an Individual | <input type="checkbox"/> a Corporation or Limited Liability Company a Partnership |
| <input type="checkbox"/> a governmental entity | <input type="checkbox"/> a member – National Agricultural Aviation Association |
| <input type="checkbox"/> a member – State Agricultural Aviation Association | <input type="checkbox"/> a member – *Other State Agricultural Aviation Association(s) |

* List all other state memberships _____

Name or Names used in any former Aerial Application Business _____

2. Current Business Structure *Name all Partners, if a Partnership, or Officers, if a Corporation*

Name	Position	Years in Present Position?	% Owned

3. Aircraft Physical Damage

FAA N#	Year	Make & Model	Engine Make & Model	Engine Hours	Airframe Hours	Type Coverage	Hull Value	Deducts NIM / IM
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$ _____	____ / ____
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$ _____	____ / ____
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$ _____	____ / ____
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$ _____	____ / ____
						<input type="checkbox"/> G&F <input type="checkbox"/> GNIM	\$ _____	____ / ____

a. The aircraft are: in a fully enclosed, secured hangar, in a shade hangar, tied out.

b. GPS units installed in aircraft are covered as a part of the aircraft. Yes No
 Do you desire to **EXCLUDE** coverage on all GPS units installed in the aircraft? Yes No

List names and addresses of loss payees and lienholders

4. Liability Limit

FAA "N" No	Non-Chemical Limit	Chemical Limit	Chemical Coverage		
			<input type="checkbox"/> XC	<input type="checkbox"/> RC	<input type="checkbox"/> CC
			<input type="checkbox"/> XC	<input type="checkbox"/> RC	<input type="checkbox"/> CC
			<input type="checkbox"/> XC	<input type="checkbox"/> RC	<input type="checkbox"/> CC
			<input type="checkbox"/> XC	<input type="checkbox"/> RC	<input type="checkbox"/> CC
			<input type="checkbox"/> XC	<input type="checkbox"/> RC	<input type="checkbox"/> CC

Is coverage desired for the following?	Yes	No
Adjacent Fields Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Crops Being Treated	<input type="checkbox"/>	<input type="checkbox"/>
Picloram	<input type="checkbox"/>	<input type="checkbox"/>
Farmer/Owner/Grower	<input type="checkbox"/>	<input type="checkbox"/>
Application to Residential Areas	<input type="checkbox"/>	<input type="checkbox"/>

5. Airport Operations

Primary Airport of Operation _____

Satellite Airports (list those used on a regular basis) _____

Is Premises Liability Coverage Desired?	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, Limit of Liability desired: \$ _____

6. Pilots (attach an Agricultural Pilot Record Form for each pilot, form no. AGCS-AA 600):

Pilot Name

Pilots are: Employees of the Applicant Contract Pilots Other _____

7. Additional Information

	Yes	No
a. Aircraft Maintenance is provided by	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the applicant ever been cited and/or fined for any violation of any Federal, State, or County Plant Board or Agricultural Board law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the applicant or any officer, director or partner ever been convicted of a felony or had a state aerial application license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
d. Has the applicant ever had insurance denied or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has the applicant had any aircraft, accidents, losses or claims within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
f. Has the applicant or any of the applicant's pilots or any other employees (full or part time) had any Worker's Compensation losses or claims within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the applicant perform any aerial application over any residential areas?	<input type="checkbox"/>	<input type="checkbox"/>
h. Will the insured aircraft be flown outside of the continental United States?	<input type="checkbox"/>	<input type="checkbox"/>
i. Does the applicant own or exclusively lease any other aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
j. Will anyone other than the pilot(s) shown above operate the insured aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does the applicant use any non-owned aircraft?	<input type="checkbox"/>	<input type="checkbox"/>

7. Additional Information *Continued*

	Yes	No
l. Does the applicant perform any controlled/prescribed burning operations?	<input type="checkbox"/>	<input type="checkbox"/>
m. Does the applicant use hormone herbicides?	<input type="checkbox"/>	<input type="checkbox"/>
n. Does the applicant use Picloram?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all **YES** answers (attach separate sheet, if necessary)

Applicant's Signature _____ **Date** _____

Producer _____ State / License No _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Notices To Applicants

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 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 and subjects 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 of Regulatory Authorities.

NOTICE TO ARKANSAS and 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 fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

Notices To Applicants

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 insurance benefits.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)