IMPORTANT NOTES: In order to make completion as easy as possible for you, this form is designed to be completed on your computer. Alternatively, you may print the blank form and complete it manually. When using the onscreen option, you may save the form (completed or even partially completed) by choosing "SAVE AS" and renaming the document. This option will retain all information entered. If you have the appropriate software, you may also choose "Print to PDF." For more information, please visit www.Adobe.com.

ABC Aviation Program

Inland Marine Application

Name of Broker: _____ **Fax No.** _____

Name of Insured: _____

Mailing Address: _____

Proposed Effective Date: _____ **# of Years in Business (Same Owner):** _____

___ Corporation ___ Individual ___ Partnership ___ Limited Corporation ___ Other _____

Type of Risk (Check all that apply): ☐ **FBO** ☐ **Priv Hangar** ☐ **Ag/Aerial** ☐ **A/C Repair** ☐ **A/C Assembly** ☐ **Fuel Farm**
☐ **Reg/Muni Airport** ☐ **Charter Operator** ☐ **Avionics** ☐ **Flight School** ☐ **A/C Museum** ☐ **Aerial Photo** ☐ **A/C Part Sales** ☐ **A/C Sales**
☐ **Helicopter Operator** ☐ **A/C Parts Mfg.** ☐ **Airline** ☐ **Other (Describe):** _____

Losses in last 4 yrs: ☐**Yes** ☐**No** **Four (4) Year Loss Runs or No Loss Letter Signed by Insured Must Be Provided**
****

Deductible: _____

Coverage	Limit	Valuation		Coverage	Limit	Valuation
**Aircraft Assembly – Kits (Provide Address Below)	$	$		Valuable Papers	$	$
**Aircraft Assembly – Refurbishing (Provide Address Below)	$	$		Beacon, Runway Lights, Windsocks, etc.	$	$
Aircraft in Storage -**Inoperable** (Provide Address and Description Below)	$	ACV Only		Miscellaneous Scheduled Property	$	$
Cameras	$	$		Accounts Receivable	$	$
EDP Hardware	$	$		GPS Systems	$	$
EDP Media	$	$		***Fine Arts	$	$
EDP Transit	$	$		Parachutes	$	$
EDP Loss of Income	$	$		Spare Parts	$	$
Unscheduled Employee Tools (Maximum $2,500 per item And $50,000 per employee)	$	$		Unlicensed Vehicles used Strictly On Premises	$	$

****Builders Risk <u>Completed Value Form</u> will be used**

_____ _____ _____ _____ _____
(Street Address) **(City)** **(County)** **(State)** **(Zipcode)**

<u>Transit Coverage:</u> **Average Value** $ _____ **Maximum Value** $ _____

Please Describe Type of Property in Transit _____
If requesting limit over $10,000 and annual sales are over $500,000, complete the attached transit supplemental app

<u>Scheduled Equipment/Aircraft in Storage (if applicable):</u> <u>Attach Separate Sheet if Necessary</u>

Item #	Year	Description	Model #	Serial #	Limit of Insurance

_____ _____ _____ _____
Broker Signature **Date** **Insured Authorized Signature** **Date**

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.

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