



AGRICULTURAL AIRCRAFT INSURANCE APPLICATION

- 1. Name of Applicant
2. Address
3. Applicant is (Circle one) Individual Corporation Partnership
4. Names of all partners, if a Partnership, or Officers, if a Corporation
5. Name or Names used in any former Aerial Application Business
6. How long have you conducted Aerial Agricultural Operations?
7. Has applicant had any aircraft Hull and Liability losses/claims during the last 5 years?
8. Home Airport-Name & Location Hangared? Secondary Locations Hangared?
9. Area of Operations (radius from above home airport)
10. Will the Aircraft be used for Hormone Herbicide work?
11. Number of Aircraft owned, operated or leased by you
12. Have you ever been cited for any alleged violation of any Federal, State or County Law or Regulation?
13. Have you had any ground personnel or pilot accidents or fatalities during the last five years?
14. Has any Insurance Market cancelled, declined or refused to renew any aviation insurance?