

## ACORD 325 (2013/09) - Aviation Insurance Application

ACORD 325, Aviation Insurance Application, Applicant Information Section, is used in the underwriting process for any aviation account and is the foundation on which the ACORD aviation application program is built. This form contains information that is not duplicated on other ACORD aviation application forms. ACORD 325, Aviation Insurance Application, Applicant Information Section, is a required part of every aviation submission except Workers Compensation.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date (MM/DD/YYYY)	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No. (A/C, No, Ext)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., person) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Carrier Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.

<b>IDENTIFICATION SECTION</b>	<b>Underwriter</b>	Enter text: The company underwriter (or other company staff person) that this form should be directed to.
<b>IDENTIFICATION SECTION</b>	<b>Underwriter Office</b>	Enter identifier: The company underwriting office that this application should be directed to.
<b>IDENTIFICATION SECTION</b>	<b>Company Product</b>	Enter text: The description of an independently filed policy or program that may be optionally available from the insurance company. It may also be used to name the subsidiary company in which the line of business will be placed.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Account Number</b>	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
<b>IDENTIFICATION SECTION</b>	<b>Quote</b>	Check the box (if applicable): Indicates the response expected from the company is a quote.
<b>IDENTIFICATION SECTION</b>	<b>Issue</b>	Check the box (if applicable): Indicates the response expected from the company is an issued policy.
<b>IDENTIFICATION SECTION</b>	<b>Renew</b>	Check the box (if applicable): Indicates the response expected from the company is a renewed policy.
<b>IDENTIFICATION SECTION</b>	<b>Bound</b>	Check the box (if applicable): Indicates the coverage has been bound. As used here, if the policy is bound, give the date and time below.
<b>IDENTIFICATION SECTION</b>	<b>Change</b>	Check the box (if applicable): Indicates the policy is being submitted for a policy change. As used here, if the policy is being changed, give the date and time below.
<b>IDENTIFICATION SECTION</b>	<b>Cancel</b>	Check the box (if applicable): Indicates the policy is being submitted for cancellation. As used here, if the policy is being cancelled, give the date and time below.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The date the policy status becomes effective. This date is used for policy statuses of bound, change, and cancel.
<b>IDENTIFICATION SECTION</b>	<b>Time (hour)</b>	Enter time: The time the policy status becomes effective. The time is used for policy statuses of bound, change, and cancel.
<b>IDENTIFICATION SECTION</b>	<b>AM</b>	Check the box (if applicable): Indicates the effective time of the policy status is before 12:00 pm.
<b>IDENTIFICATION SECTION</b>	<b>PM</b>	Check the box (if applicable): Indicates the effective time of the policy status is 12:00 pm or later.
<b>IDENTIFICATION SECTION</b>	<b>Estimated Annual Premium</b>	Enter amount: The estimated total cost amount of the policy.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Enter date: The date on which the terms and conditions of the policy will expire.

<b>IDENTIFICATION SECTION</b>	<b>Direct Bill</b>	Check the box (if applicable): Indicates if the policy is to be direct billed.
<b>IDENTIFICATION SECTION</b>	<b>Agency Bill</b>	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
<b>IDENTIFICATION SECTION</b>	<b>Payment Plan</b>	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
<b>IDENTIFICATION SECTION</b>	<b>Audit</b>	Enter code: The audit term for policies that are subject to periodic audit. If the audit period is known, enter the code; A - annual, S - semi-annual, Q - Quarterly, M - Monthly, O - Other.
<b>POLICY INFORMATION</b>	<b>Commercial</b>	Check the box (if applicable): Indicates the policy is a commercial lines policy.
<b>POLICY INFORMATION</b>	<b>Pleasure &amp; Business</b>	Check the box (if applicable): Indicates the type of policy is a pleasure and business policy.
<b>POLICY INFORMATION</b>	<b>Aircraft</b>	Check the box (if applicable): Indicates the Aircraft section is attached to this application.
<b>POLICY INFORMATION</b>	<b>Airport &amp; FBO</b>	Check the box (if applicable): Indicates the Airport and FBO section is attached to this application.
<b>POLICY INFORMATION</b>	<b>Private Hangar</b>	Check the box (if applicable): Indicates the Private Hangar section is attached to this application.
<b>POLICY INFORMATION</b>	<b>Property</b>	Check the box (if applicable): Indicates the Property section is attached to this application.
<b>POLICY INFORMATION</b>	<b>Products Liability</b>	Check the box (if applicable): Indicates the Products Liability section is attached to this application.
<b>POLICY INFORMATION</b>	<b>Other Line of Business</b>	Check the box (if applicable): Indicates that a section that is not listed specifically on the form is attached to this application.
<b>POLICY INFORMATION</b>	<b>Describe Other Line of Business</b>	Enter text: The type of section being attached to this application.
<b>POLICY INFORMATION</b>	<b>Aircraft- Industrial Aid</b>	Check the box (if applicable): Indicates the type of policy is aircraft - industrial aid.
<b>POLICY INFORMATION</b>	<b>Airplane One</b>	Check the box (if applicable): Indicates Airplane is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Helicopter One</b>	Check the box (if applicable): Indicates Helicopter is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Mixed Fleet One</b>	Check the box (if applicable): Indicates Mixed Fleet is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Excess One</b>	Check the box (if applicable): Indicates Excess is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Quota Share One</b>	Check the box (if applicable): Indicates Quota Share is the line of business subcode that further refines the line of business code.

<b>POLICY INFORMATION</b>	<b>Other Policy Type One</b>	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
<b>POLICY INFORMATION</b>	<b>Describe Other Policy Type One</b>	Enter text: The line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Aircraft- Non-Owned</b>	Check the box (if applicable): Indicates the type of policy is aircraft - non-owned.
<b>POLICY INFORMATION</b>	<b>Liability Only</b>	Check the box (if applicable): Indicates Liability Only is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Hull &amp; Liability</b>	Check the box (if applicable): Indicates Hull & Liability is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Hull Only</b>	Check the box (if applicable): Indicates Hull Only is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Other Policy Type Two</b>	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
<b>POLICY INFORMATION</b>	<b>Describe Other Policy Type Two</b>	Enter text: The line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Aircraft-Pleasure &amp; Business</b>	Check the box (if applicable): Indicates the type of policy is aircraft - pleasure and business.
<b>POLICY INFORMATION</b>	<b>Airplane Two</b>	Check the box (if applicable): Indicates Airplane is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Helicopter Two</b>	Check the box (if applicable): Indicates Helicopter is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Mixed Fleet Two</b>	Check the box (if applicable): Indicates Mixed Fleet is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Excess Two</b>	Check the box (if applicable): Indicates Excess is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Quota Share Two</b>	Check the box (if applicable): Indicates Quota Share is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Other Policy Type Three</b>	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
<b>POLICY INFORMATION</b>	<b>Describe Other Policy Type Three</b>	Enter text: The line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Aircraft- Commercial</b>	Check the box (if applicable): Indicates the type of policy is aircraft - commercial.
<b>POLICY INFORMATION</b>	<b>Airplane Three</b>	Check the box (if applicable): Indicates Airplane is the line of business subcode that further refines the line of business code.

<b>POLICY INFORMATION</b>	<b>Helicopter Three</b>	Check the box (if applicable): Indicates Helicopter is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Mixed Fleet Three</b>	Check the box (if applicable): Indicates Mixed Fleet is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Excess Three</b>	Check the box (if applicable): Indicates Excess is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Quota Share Three</b>	Check the box (if applicable): Indicates Quota Share is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Other Policy Type Four</b>	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
<b>POLICY INFORMATION</b>	<b>Describe Other Policy Type Four</b>	Enter text: The line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Airport &amp;FBO</b>	Check the box (if applicable): Indicates the type of policy is an airport and fixed base operators (FBO) policy.
<b>POLICY INFORMATION</b>	<b>Airport</b>	Check the box (if applicable): Indicates Airport is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>FBO/Commercial</b>	Check the box (if applicable): Indicates FBO / Commercial is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Premises Only</b>	Check the box (if applicable): Indicates Premises Only is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Excess</b>	Check the box (if applicable): Indicates Excess is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Quota Share</b>	Check the box (if applicable): Indicates Quota Share is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Other Policy Type Five</b>	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
<b>POLICY INFORMATION</b>	<b>Describe Other Policy Type Five</b>	Enter text: The line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Products Liability</b>	Check the box (if applicable): Indicates the type of policy is a products liability policy.
<b>POLICY INFORMATION</b>	<b>Manufacturers Products</b>	Check the box (if applicable): Indicates Manufacturers Products is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Petroleum Liability</b>	Check the box (if applicable): Indicates Petroleum Liability is the line of business subcode that further refines the line of business code.

<b>POLICY INFORMATION</b>	<b>Run-Off</b>	Check the box (if applicable): Indicates Run Off is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Excess</b>	Check the box (if applicable): Indicates Excess is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Quota Share</b>	Check the box (if applicable): Indicates Quota Share is the line of business subcode that further refines the line of business code.
<b>POLICY INFORMATION</b>	<b>Other Policy Type Six</b>	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
<b>POLICY INFORMATION</b>	<b>Describe Other Policy Type Six</b>	Enter text: The line of business subcode that further refines the line of business code.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>	<b>First Named Insured's Name and Address</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>		Enter text: The named insured's mailing address line one.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>		Enter text: The named insured's mailing address line two.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>		Enter text: The named insured's mailing address city name.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>		Enter code: The named insured's mailing address state or province code.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>		Enter code: The named insured's mailing address postal code.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>	<b>Home Phone</b>	Enter number: The named insured's primary phone number. As used here, this is the home phone number.
<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>	<b>Business Phone</b>	Enter number: The named insured's secondary phone number. As used here, this is the business phone number.

<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Mobile Phone</b>	Enter number: The third phone number of the named insured. As used here, this is the cell phone number.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Fax No. (A/C, No, Ext)</b>	Enter number: The named insured's fax number.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Individual</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Partnership</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Corporation</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Joint Venture</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Subchapter "S" Corp</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Not for Profit</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Not For Profit Organization".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>LLC</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Other Legal Entity</b>	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Describe Other Legal Entity</b>	Enter text: The description of the legal entity if not listed on the form.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Email Address</b>	Enter text: The named insured's primary e-mail address.

<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Website Address</b>	Enter text: The primary website address for the named insured.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>FEIN</b>	Enter identifier: The tax identifier of the named insured. As used here, this is the FEIN number.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Social Security Number</b>	Enter identifier: The tax identifier of the named insured. As used here, this is the social security number.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Ownership Percentage</b>	Enter percentage: The percentage of ownership the named insured has in the item.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Occupation</b>	Enter text: The named insured's primary occupation or business activity.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Date Business Started</b>	Enter date: The date the current owners purchased or started the business.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Inspection Contact Name</b>	Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Inspection Contact Phone</b>	Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Inspection Contact Email</b>	Enter text: The e-mail address (if applicable) of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Accounting Records Contact Name</b>	Enter text: The name of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent.
<b>APPLICANT INFORMATION</b> (See Partners Section for Additional Named Insured)	<b>Accounting Records Contact Phone</b>	Enter number: The telephone number of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number.



<b>APPLICANT INFORMATION (See Partners Section for Additional Named Insured)</b>	<b>Accounting Records Contact E-mail Address</b>	Enter text: The e-mail address (if applicable) of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number.
<b>PARTNERS</b>	<b>Name and Address</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter text: The named insured's mailing address line one. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter text: The named insured's mailing address line two. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter text: The named insured's mailing address city name. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter code: The named insured's mailing address state or province code. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter code: The named insured's mailing address postal code. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>E-Mail Address</b>	Enter text: The named insured's primary e-mail address. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>FEIN</b>	Enter identifier: The tax identifier of the named insured. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Social Security Number</b>	Enter identifier: The tax identifier of the named insured. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Ownership Percentage</b>	Enter percentage: The percentage of ownership the named insured has in the item. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Occupation</b>	Enter text: The named insured's primary occupation or business activity. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Home Phone</b>	Enter number: The named insured's primary phone number. As used here, this is the home phone for a partner.
<b>PARTNERS</b>	<b>Business Phone</b>	Enter number: The named insured's secondary phone number. As used here, this is the business phone for a partner.
<b>PARTNERS</b>	<b>Mobile Phone</b>	Enter number: The third phone number of the named insured. As used here, this is the cell phone for a partner.
<b>PARTNERS</b>	<b>Name and Address</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, this information is for a partner.

<b>PARTNERS</b>		Enter text: The named insured's mailing address line one. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter text: The named insured's mailing address line two. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter text: The named insured's mailing address city name. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter code: The named insured's mailing address state or province code. As used here, this information is for a partner.
<b>PARTNERS</b>		Enter code: The named insured's mailing address postal code. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>E-Mail Address</b>	Enter text: The named insured's primary e-mail address. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>FEIN</b>	Enter identifier: The tax identifier of the named insured. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Social Security Number</b>	Enter identifier: The tax identifier of the named insured. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Ownership Percentage</b>	Enter percentage: The percentage of ownership the named insured has in the item. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Occupation</b>	Enter text: The named insured's primary occupation or business activity. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization. As used here, this information is for a partner.
<b>PARTNERS</b>	<b>Home Phone</b>	Enter number: The named insured's primary phone number. As used here, this is the home phone for a partner.
<b>PARTNERS</b>	<b>Business Phone</b>	Enter number: The named insured's secondary phone number. As used here, this is the business phone for a partner.
<b>PARTNERS</b>	<b>Mobile Phone</b>	Enter number: The third phone number of the named insured. As used here, this is the cell phone for a partner.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aerial Photography</b>	Check the box (if applicable): Indicates the nature of business is aerial photography.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Agricultural Aerial Applications</b>	Check the box (if applicable): Indicates the nature of business is agricultural aerial applications.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aircraft Assembly</b>	Check the box (if applicable): Indicates the nature of business is aircraft assembly.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aircraft Museum</b>	Check the box (if applicable): Indicates the nature of business is aircraft museum.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aircraft Part Sales</b>	Check the box (if applicable): Indicates the nature of business is aircraft part sales.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aircraft Parts Manufacturer</b>	Check the box (if applicable): Indicates the nature of business is aircraft parts manufacturer.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aircraft Repair</b>	Check the box (if applicable): Indicates the nature of business is aircraft repair.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aircraft Sales</b>	Check the box (if applicable): Indicates the nature of business is aircraft sales.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Airline</b>	Check the box (if applicable): Indicates the nature of business is an airline.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Aviation Modification Services</b>	Check the box (if applicable): Indicates the nature of business is aviation modification services.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Avionics</b>	Check the box (if applicable): Indicates the nature of business is avionics.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Charter Operation</b>	Check the box (if applicable): Indicates the nature of business is charter operations.

<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Distributors</b>	Check the box (if applicable): Indicates the nature of business is a distributor.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Fixed Based Operator</b>	Check the box (if applicable): Indicates the nature of business is a fixed based operator.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Flight School</b>	Check the box (if applicable): Indicates the nature of business is a flight school.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Fuel Farm</b>	Check the box (if applicable): Indicates the nature of business is a fuel farm.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Helicopter Operator</b>	Check the box (if applicable): Indicates the nature of business is helicopter operator.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Holding Company</b>	Check the box (if applicable): Indicates the nature of business is a holding company.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Private Hangar</b>	Check the box (if applicable): Indicates the nature of business is a private hangar.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Orig Equipment Designers/Manufacturers</b>	Check the box (if applicable): Indicates the nature of business is an original equipment designer and / or manufacturer.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Regional/Municipal Airport</b>	Check the box (if applicable): Indicates the nature of business is a regional or municipal airport.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Repair Services</b>	Check the box (if applicable): Indicates the nature of business is repair services.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Subcontractors</b>	Check the box (if applicable): Indicates the nature of business is subcontractor.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Other Nature of Business</b>	Check the box (if applicable): Indicates the nature of business is other than those listed.

<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Description of Other Nature of Business</b>	Enter text: The description of the nature/type of business.
<b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b>	<b>Description of Operations</b>	Enter text: The description of the operations of this risk. A restatement of the products classification wording is often not sufficient (e.g., "Metal Goods Manufacturing NOC" could include anything from paper clips to bridge girders).
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Is the applicant a subsidiary of another entity?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is this company a subsidiary of another entity?".
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Parent Company</b>	Enter text: The name of the parent organization.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Street, City, State, Zip</b>	Enter text: The first address line of the parent organization's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The second address line of the parent organization's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The city of the parent organization's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The state or province code of the parent organization's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The postal code of the parent organization's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Does the applicant have any owned, subsidiary, affiliated, managed or controlled companies?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have any owned, subsidiary, affiliated, managed, or controlled companies?".
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Company Name, street, city, state, zip</b>	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The first address line of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The second address line of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The city of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The state or province code of the subsidiary's mailing address.

<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The postal code of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Business Start Date</b>	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Owned</b>	Check the box (if applicable): Indicates the business is owned by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Subsidiary</b>	Check the box (if applicable): Indicates the business is a subsidiary of the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Affiliated</b>	Check the box (if applicable): Indicates the business is a affiliated with the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Managed</b>	Check the box (if applicable): Indicates the business is managed by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Controlled</b>	Check the box (if applicable): Indicates the business is controlled by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other Company Type</b>	Check the box (if applicable): Indicates the relationship of the subsidiary to the insured is other than those listed.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other Company Type Description</b>	Enter text: The description of the relationship between the parent company and the subsidiary.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Company Name, street, city, state, zip</b>	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The first address line of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The second address line of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The city of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The state or province code of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The postal code of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Business Start Date</b>	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Owned</b>	Check the box (if applicable): Indicates the business is owned by the insured.

<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Subsidiary</b>	Check the box (if applicable): Indicates the business is a subsidiary of the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Affiliated</b>	Check the box (if applicable): Indicates the business is a affiliated with the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Managed</b>	Check the box (if applicable): Indicates the business is managed by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Controlled</b>	Check the box (if applicable): Indicates the business is controlled by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other Company Type</b>	Check the box (if applicable): Indicates the relationship of the subsidiary to the insured is other than those listed.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other Company Type Description</b>	Enter text: The description of the relationship between the parent company and the subsidiary.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Company Name, street, city, state, zip</b>	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The first address line of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The second address line of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter text: The city of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The state or province code of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>		Enter code: The postal code of the subsidiary's mailing address.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Business Start Date</b>	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Owned</b>	Check the box (if applicable): Indicates the business is owned by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Subsidiary</b>	Check the box (if applicable): Indicates the business is a subsidiary of the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Affiliated</b>	Check the box (if applicable): Indicates the business is a affiliated with the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Managed</b>	Check the box (if applicable): Indicates the business is managed by the insured.

<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Controlled</b>	Check the box (if applicable): Indicates the business is controlled by the insured.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other Company Type</b>	Check the box (if applicable): Indicates the relationship of the subsidiary to the insured is other than those listed.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other Company Type Description</b>	Enter text: The description of the relationship between the parent company and the subsidiary.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Distributors</b>	Check the box (if applicable): Indicates the nature of business is a distributor. As used here, indicates all related companies have the same nature of business.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Repair Service</b>	Check the box (if applicable): Indicates the nature of business is repair services. As used here, indicates all related companies have the same nature of business.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Modification Service</b>	Check the box (if applicable): Indicates the nature of business is aviation modification services. As used here, indicates all related companies have the same nature of business.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Subcontractors</b>	Check the box (if applicable): Indicates the nature of business is subcontractor. As used here, indicates all related companies have the same nature of business.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Orig Equipment Designers/Manufacturers</b>	Check the box (if applicable): Indicates the nature of business is an original equipment designer and / or manufacturer. As used here, indicates all related companies have the same nature of business.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Other</b>	Check the box (if applicable): Indicates the nature of business is other than those listed. As used here, indicates all related companies have the same nature of business.
<b>PARENT AND SUBSIDIARY INFORMATION</b>	<b>Describe Other</b>	Enter text: The description of the nature/type of business. As used here, the nature of business of all related companies.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Location Number</b>	Enter number: The producer assigned number of the location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Building Number</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Airport Number</b>	Enter identifier: The Federal Aviation Administration's designator for the airport (e.g. ORD - O'Hare International Airport).
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Name, Street, City, State, Zip</b>	Enter text: The full name of the location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter text: The first address line of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter text: The second address line of the physical location.



<b>AIRPORT AND BUILDING INFORMATION</b>		Enter text: The city of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter code: The state or province of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter code: The postal code of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>On Airport</b>	Check the box (if applicable): Indicates, for rating purposes, the location is situated on an airport.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Off Airport</b>	Check the box (if applicable): Indicates, for rating purposes, the location is situated off an airport.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Owner</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Tenant</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its tenant.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Other Interest</b>	Check the box (if applicable): Indicates the named insured's interest in the building is other than as its owner or tenant.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Describe Other Interest</b>	Enter text: The description of the insured's interest in the building when it is other than as its owner or tenant.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Annual Revenue</b>	Enter amount: The annual revenue amount for this location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Percentage Occupied</b>	Enter percentage: The percentage of the building the named Insured or tenant occupies.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Number of Employees</b>	Enter number: The total number of employee in this location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Year Built</b>	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aerial Photography</b>	Check the box (if applicable): Indicates the nature of business is aerial photography.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Agricultural Aerial Applications</b>	Check the box (if applicable): Indicates the nature of business is agricultural aerial applications.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Assembly</b>	Check the box (if applicable): Indicates the nature of business is aircraft assembly.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Museum</b>	Check the box (if applicable): Indicates the nature of business is aircraft museum.

<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Part Sales</b>	Check the box (if applicable): Indicates the nature of business is aircraft part sales.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Parts Manufacturer</b>	Check the box (if applicable): Indicates the nature of business is aircraft parts manufacturer.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Repair</b>	Check the box (if applicable): Indicates the nature of business is aircraft repair.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Sales</b>	Check the box (if applicable): Indicates the nature of business is aircraft sales.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Airline</b>	Check the box (if applicable): Indicates the nature of business is an airline.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aviation Modification Services</b>	Check the box (if applicable): Indicates the nature of business is aviation modification services.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Avionics</b>	Check the box (if applicable): Indicates the nature of business is avionics.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Charter Operation</b>	Check the box (if applicable): Indicates the nature of business is charter operations.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Distributors</b>	Check the box (if applicable): Indicates the nature of business is a distributor.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Fixed Based Operator</b>	Check the box (if applicable): Indicates the nature of business is a fixed based operator.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Flight School</b>	Check the box (if applicable): Indicates the nature of business is a flight school.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Fuel Farm</b>	Check the box (if applicable): Indicates the nature of business is a fuel farm.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Helicopter Operator</b>	Check the box (if applicable): Indicates the nature of business is helicopter operator.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Holding Company</b>	Check the box (if applicable): Indicates the nature of business is a holding company.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Private Hangar</b>	Check the box (if applicable): Indicates the nature of business is a private hangar.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Orig Equipment Designers/Manufacturers</b>	Check the box (if applicable): Indicates the nature of business is an original equipment designer and / or manufacturer.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Regional/Municipal Airport</b>	Check the box (if applicable): Indicates the nature of business is a regional or municipal airport.

<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Repair Services</b>	Check the box (if applicable): Indicates the nature of business is repair services.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Subcontractors</b>	Check the box (if applicable): Indicates the nature of business is subcontractor.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Other Nature of Business</b>	Check the box (if applicable): Indicates the nature of business is other than those listed.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Description of Other Nature of Business</b>	Enter text: The description of the nature/type of business.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Description of Operations</b>	Enter text: The description of the operations of this risk. A restatement of the products classification wording is often not sufficient (e.g., "Metal Goods Manufacturing NOC" could include anything from paper clips to bridge girders).
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Location Number</b>	Enter number: The producer assigned number of the location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Building Number</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Airport Number</b>	Enter identifier: The Federal Aviation Administration's designator for the airport (e.g. ORD - O'Hare International Airport).
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Name, Street, City, State, Zip</b>	Enter text: The full name of the location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter text: The first address line of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter text: The second address line of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter text: The city of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter code: The state or province of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>		Enter code: The postal code of the physical location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>On Airport</b>	Check the box (if applicable): Indicates, for rating purposes, the location is situated on an airport.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Off Airport</b>	Check the box (if applicable): Indicates, for rating purposes, the location is situated off an airport.

<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Owner</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its owner.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Tenant</b>	Check the box (if applicable): Indicates the named insured's interest in the building is as its tenant.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Other Interest</b>	Check the box (if applicable): Indicates the named insured's interest in the building is other than as its owner or tenant.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Describe Other Interest</b>	Enter text: The description of the insured's interest in the building when it is other than as its owner or tenant.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Annual Revenue</b>	Enter amount: The annual revenue amount for this location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Percentage Occupied</b>	Enter percentage: The percentage of the building the named Insured or tenant occupies.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Number of Employees</b>	Enter number: The total number of employee in this location.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Year Built</b>	Enter year: The year the building at each location was originally constructed. Specify in the Remarks section any significant additions or renovations and the year they were completed.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aerial Photography</b>	Check the box (if applicable): Indicates the nature of business is aerial photography.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Agricultural Aerial Applications</b>	Check the box (if applicable): Indicates the nature of business is agricultural aerial applications.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Assembly</b>	Check the box (if applicable): Indicates the nature of business is aircraft assembly.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Museum</b>	Check the box (if applicable): Indicates the nature of business is aircraft museum.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Part Sales</b>	Check the box (if applicable): Indicates the nature of business is aircraft part sales.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Parts Manufacturer</b>	Check the box (if applicable): Indicates the nature of business is aircraft parts manufacturer.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Repair</b>	Check the box (if applicable): Indicates the nature of business is aircraft repair.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aircraft Sales</b>	Check the box (if applicable): Indicates the nature of business is aircraft sales.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Airline</b>	Check the box (if applicable): Indicates the nature of business is an airline.

<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Aviation Modification Services</b>	Check the box (if applicable): Indicates the nature of business is aviation modification services.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Avionics</b>	Check the box (if applicable): Indicates the nature of business is avionics.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Charter Operation</b>	Check the box (if applicable): Indicates the nature of business is charter operations.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Distributors</b>	Check the box (if applicable): Indicates the nature of business is a distributor.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Fixed Based Operator</b>	Check the box (if applicable): Indicates the nature of business is a fixed based operator.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Flight School</b>	Check the box (if applicable): Indicates the nature of business is a flight school.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Fuel Farm</b>	Check the box (if applicable): Indicates the nature of business is a fuel farm.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Helicopter Operator</b>	Check the box (if applicable): Indicates the nature of business is helicopter operator.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Holding Company</b>	Check the box (if applicable): Indicates the nature of business is a holding company.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Private Hangar</b>	Check the box (if applicable): Indicates the nature of business is a private hangar.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Orig Equipment Designers/Manufacturers</b>	Check the box (if applicable): Indicates the nature of business is an original equipment designer and / or manufacturer.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Regional/Municipal Airport</b>	Check the box (if applicable): Indicates the nature of business is a regional or municipal airport.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Repair Services</b>	Check the box (if applicable): Indicates the nature of business is repair services.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Subcontractors</b>	Check the box (if applicable): Indicates the nature of business is subcontractor.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Other Nature of Business</b>	Check the box (if applicable): Indicates the nature of business is other than those listed.
<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Description of Other Nature of Business</b>	Enter text: The description of the nature/type of business.

<b>AIRPORT AND BUILDING INFORMATION</b>	<b>Description of Operations</b>	Enter text: The description of the operations of this risk. A restatement of the products classification wording is often not sufficient (e.g., "Metal Goods Manufacturing NOC" could include anything from paper clips to bridge girders).
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**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>PRIOR CARRIER</b>	<b>Name of Last of Present Aviation Insurance Carrier</b>	Enter text: The name of the previous insurer. As used here, this is the name of the last or present aviation insurance carrier.
<b>PRIOR CARRIER</b>	<b>Line of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR CARRIER</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Name of Last of Present Aviation Insurance Carrier</b>	Enter text: The name of the previous insurer. As used here, this is the name of the last or present aviation insurance carrier.
<b>PRIOR CARRIER</b>	<b>Line of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR CARRIER</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Name of Last of Present Aviation Insurance Carrier</b>	Enter text: The name of the previous insurer. As used here, this is the name of the last or present aviation insurance carrier.
<b>PRIOR CARRIER</b>	<b>Line of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR CARRIER</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Name of Last of Present Aviation Insurance Carrier</b>	Enter text: The name of the previous insurer. As used here, this is the name of the last or present aviation insurance carrier.
<b>PRIOR CARRIER</b>	<b>Line of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR CARRIER</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Name of Last of Present Aviation Insurance Carrier</b>	Enter text: The name of the previous insurer. As used here, this is the name of the last or present aviation insurance carrier.

<b>PRIOR CARRIER</b>	<b>Line of Business</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR CARRIER</b>	<b>Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR CARRIER</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>LOSS HISTORY</b>	<b>Have you had aviation losses?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you had any aviation losses?".
<b>LOSS HISTORY</b>	<b>Name of Carrier</b>	Enter text: The name of the insurance carrier at the time of loss.
<b>LOSS HISTORY</b>	<b>Policy Number</b>	Enter identifier: The policy number at the time of loss.
<b>LOSS HISTORY</b>	<b>Policy Type</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Type of Loss</b>	Enter code: The basic coverage provided, under which the loss was incurred.
<b>LOSS HISTORY</b>	<b>Date of Loss</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Date Reported</b>	Enter date: The date the claim was filed.
<b>LOSS HISTORY</b>	<b>Claim Status</b>	Enter code: Indicates the status of the claim (e.g. open, closed, etc.).
<b>LOSS HISTORY</b>	<b>Amount Paid</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Description of Occurrence</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>Name of Carrier</b>	Enter text: The name of the insurance carrier at the time of loss.
<b>LOSS HISTORY</b>	<b>Policy Number</b>	Enter identifier: The policy number at the time of loss.
<b>LOSS HISTORY</b>	<b>Policy Type</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Type of Loss</b>	Enter code: The basic coverage provided, under which the loss was incurred.
<b>LOSS HISTORY</b>	<b>Date of Loss</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Date Reported</b>	Enter date: The date the claim was filed.
<b>LOSS HISTORY</b>	<b>Claim Status</b>	Enter code: Indicates the status of the claim (e.g. open, closed, etc.).
<b>LOSS HISTORY</b>	<b>Amount Paid</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Description of Occurrence</b>	Enter text: A brief description of the loss.
<b>GENERAL INFORMATION</b>	<b>1. Any other insurance with this company or being submitted?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any other insurance with this company?".

GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has any other insurance with this company.
GENERAL INFORMATION	<b>2. Has any insurer cancelled or non-renewed any aviation insurance for the applicant?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any insurer cancelled or non-renewed any aviation insurance for the applicant?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether any insurer cancelled or non-renewed any aviation insurance for the applicant,
GENERAL INFORMATION	<b>3. During the last five 5 years [ten (10) in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or other arson-related crime in connection with this or any other property?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the mandated number of years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether any applicant has been indicted or convicted of fraud or any arson related crime in connection with a property with in the last five (5) years.
GENERAL INFORMATION	<b>4. Has the applicant been indicted or convicted of a felony?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant been indicted or convicted of a felony?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has ever been indicted or convicted of a felony.
GENERAL INFORMATION	<b>5. Has any applicant had any sanctions, violations or suspensions from the FAA or any other regulatory body?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant had any sanctions, violations or suspensions from the FAA or any other regulatory body?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of or any sanctions, violations or suspensions from the FAA or any other regulatory body.
GENERAL INFORMATION	<b>6. Any uncorrected fire code violations?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any uncorrected fire code violations?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of or any uncorrected fire code violations.



<b>GENERAL INFORMATION</b>	<b>7. Any bankruptcies, tax or credit liens against the applicant in the past seven (7) years?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any bankruptcies, tax or credit liens against the applicant in the past 7 years?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation as to whether the applicant has had any bankruptcies, tax or credit liens in the past mandated number of years.
<b>REMARKS / PROCESSING INSTRUCTIONS</b>	<b>Remarks / Processing Instructions</b>	Enter text: The general remarks associated with the aviation policy. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

**Form Page 4**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The general remarks associated with the aviation policy. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Notice of Information Practices (Privacy) checkbox</b>	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
<b>SIGNATURE</b>	<b>Applicant's Initials</b>	Initial here: The named insured's initials.
<b>SIGNATURE</b>	<b>Producers Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>Producer's Name (Please Print)</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>SIGNATURE</b>	<b>State Producer License No</b>	Enter identifier: The State License Number of the producer. As used here, this is required in Florida.
<b>SIGNATURE</b>	<b>Applicants Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.