# Aircraft Insurance Binder

**Aircraft Information**

- **ACORD 333, Aircraft Schedule attached**

**Aircraft Coverages**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Options</th>
<th>Limit</th>
<th>Applies To</th>
<th>Deductible</th>
<th>Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull</td>
<td>Agreed Amount</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insured Amount</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Liability</td>
<td>EACH OCCURRENCE</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH PASSENGER</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH PERSON</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AGGREGATE</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Medical Payments</td>
<td>INCLUDING CREW</td>
<td>$</td>
<td>EACH PERSON</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXCLUDING CREW</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Policy Information**

- **Policy Type**
  - Commercial
  - Pleasure & Bus
  - Non-Owned

- **Line of Business Subcode**
  - Industrial Aid
  - Commercial
  - Airplane
  - Helicopter
  - Mixed Fleet
  - Hull Only
  - Excess
  - Quota Share

**Aircraft Details**

- **Year**: [Enter Year]
- **Make**: [Enter Make]
- **Model**: [Enter Model]
- **Serial Number**: [Enter Serial Number]
- **Registration Number**: [Enter Registration Number]

**Policy Details**

- **Effective Date**: [Enter Date]
- **Expiration Date**: [Enter Date]
- **Effective Time**: [Enter Time]
- **Expiration Time**: [Enter Time]

**Contact Information**

- **Name**: [Enter Name]
- **Phone**: [Enter Phone]
- **Fax**: [Enter Fax]
- **E-Mail**: [Enter E-Mail]
- **Website**: [Enter Website]

**Agency Information**

- **Agency Code**: [Enter Code]
- **Sub Code**: [Enter Sub Code]

**Insured**

- **Customer ID**: [Enter ID]
- **Agency**: [Enter Agency]

**Terms and Conditions**

- THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 3 OF THIS FORM.
- THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.

**Additional Insured**

- [ ] Additional Insured
- [ ] Lender's Loss Payable
- [ ] Loss Payee

**Name and Address**

- [ ] Loan # [Enter Loan Number]
- [ ] Authorized Representative

*ACORD 276 (2016/03)*

© 2009, 2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977
## PILOT INFORMATION

<table>
<thead>
<tr>
<th>PILOT #</th>
<th>PILOT NAME</th>
<th>REGISTRATION NUMBERS OF ASSIGNED AIRCRAFT</th>
</tr>
</thead>
</table>

## OPEN PILOT WARRANTY (Carrier normally completes description. Attach ACORD 101, Additional Remarks Schedule, if more space is required.)

<table>
<thead>
<tr>
<th>FORM NUMBER</th>
<th>FORM NAME</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FORM NUMBER</th>
<th>FORM NAME</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>

## DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

...
CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars ($1,000,000) or more, the title of the form is changed from “Insurance Binder” to “Cover Note”.

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than $1,000,000.00 when proof is required: (A) Shall be fined not more than $500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.